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ABSTRACT

Goodwill Industries of America, Inc. developed a management information system designed to provide rehabilitation workshop managers with information needed to make sound administrative decisions, statistics to measure the outcome of these decisions in terms of service to the handicapped, and the financial resources needed to deliver the services. Called USERS (Uniform Socio-Economic Reporting System), it allowed agencies with similar functions to benefit by direct comparison of existing financial and statistical information. USERS has five specific purposes: (1) to establish uniform budgeting and forecasting techniques; (2) to establish uniform cost effectiveness techniques; (3) to establish fee-setting techniques; (4) to establish uniform service information techniques; (5) to establish recommended management control systems for voluntary health and welfare agencies. The appendix includes worksheets samples for developing and using USERS. (HB)

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A
MANAGEMENT INFORMATION SYSTEM
FOR FACILITIES

(Final Report)

Project No. I2-P-55338

GOODWILL *Industries of America, Inc.*

Washington, D.C. 20014

September 1974

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A MANAGEMENT INFORMATION SYSTEM

FOR FACILITIES

(Final Report)

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PREFACE

Goodwill Industries of America, Inc., is dedicated to enriching the lives of handicapped people through improvement and delivery of rehabilitation services.

It has been found that often a rehabilitation staff expends effort in areas that do not directly benefit the handicapped clients served. The rehabilitation workshop manager has neither the information he needs to make sound administrative decisions, nor statistics at hand to measure the outcome of his decisions in terms of service to the handicapped and financial resources needed to deliver the service. These limitations work against effective and efficient programming.

It has been the goal of this project, with the Uniform Socio-Economic Reporting System being the direct result, to develop a management information system which will allow agencies with similar functions to benefit by direct comparison of existing financial and statistical information. It is now possible through utilization of the system to determine the cost-effectiveness of programs and to carry out uniform program budgeting and forecasting.

The Uniform Socio-Economic Reporting System can be useful in assisting managers in organizing, improving and controlling the delivery of needed services. It is our hope that it will become an integral part of the rehabilitation community's capability for improving the quality of life for people who are handicapped, disabled or socially disadvantaged.

Dean Phillips, President
Goodwill Industries of America, Inc.

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MANAGEMENT INFORMATION SYSTEM FOR FACILITIES

FINAL REPORT

I. INTRODUCTION

Background and Previous Work Done

The publication of the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Agencies by the National Health Council and the National Social Welfare Assembly in December 1964, pointed out the need to develop a workable management information system which could fulfill the reporting requirements of health and welfare agencies. With this purpose in mind, Goodwill Industries of America, Inc., sought and received a planning grant from the Department of Health, Education, and Welfare to conduct a pilot project from May 1966 to April 1967. The purposes of the project were to determine the feasibility of applying standardized accounting principles to sheltered workshops and rehabilitation centers and to determine the feasibility of using electronic data processing equipment to more rapidly collect and disseminate information. During the course of the one-year grant, the project staff wrote a Manual for Financial Records and developed a standardized chart of accounts based on the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Agencies.

To further demonstrate the feasibility of this standardized reporting system, it was installed at the Goodwill facility in Columbus, Ohio on a pilot basis. The planning project ended with the strong recommendation that a total management information system be developed and made available to rehabilitation agencies and workshops around the country. Secondly, the project staff determined that electronic data processing

is the most efficient means of reporting financial and statistical information among agencies and on a national basis. The project demonstrated that the efficiency of reporting agencies could be greatly increased if they incorporated uniform reporting of income and expenditures, improved methods of analyzing the costs of operations, and instituted strict internal reporting controls. It was apparent to the project staff that further development and refinement of the Standard Accounting System should be undertaken. This was begun in 1967 when the Vocational Rehabilitation Administration awarded a research and demonstration grant to Goodwill Industries of America, Inc. During the three-year duration of the project (1967-1970), the staff set out to establish a standard accounting reporting system which would be applicable to all sheltered workshops and rehabilitation centers in conformity with the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations. When this task had been achieved, the standard accounting reporting system was used to accumulate and analyze the financial data provided by 110 local Goodwill Industries and the Detroit League for the Handicapped. The data were collected and processed at the national headquarters of Goodwill Industries of America by means of data processing equipment, the purpose being to provide the reporting agencies with useful and timely financial information for decision-making purposes. The project staff explored and ultimately developed management formulas which allowed comparisons of agencies nationally, by region, and by gross volume dollar class. The formulas were made available to reporting agencies, permitting them to develop reliable costs of service comparisons by disability category and by specific handicap of the clients served.

It was apparent from the very beginning of the project that the keys

to a successful outcome rested on the usability of the Standard Accounting reporting system, the validity of the data which was provided for analysis, and the cooperation of the participating agencies to consistently report financial information. The accounting system developed during the project had important implications for various agencies of government at the local, state, and national levels since it would provide them with the means to analyze an agency's efficiency of operation and to document the costs of services purchased from workshops and rehabilitation centers. Once the costs of services and standards of efficiency were developed, it was believed that governmental agencies could better project budgetary needs required to meet the fiscal demands for rehabilitating and retraining the handicapped and could better allocate their financial resources to private agencies making the most efficient use of these resources.

The Standard Accounting Reporting system developed during the three-year period provided participating agencies with a wealth of valuable information. The purposes of the reporting system were 1) to provide a functional fund accounting system permitting like agencies with like programs or supporting services to benefit by direct comparison of financial reporting; 2) to achieve uniformity of classification, definition and restriction of financial information to make it meaningful; 3) to establish uniform principles and standards of accounting; and 4) to develop uniform financial statements which will present this information in a logical, informative, and consistent manner. The financial subsystem was developed before the statistical subsystem, since it was felt that uniform financial reporting would be more immediately applicable to agencies than the statistical system. This assumption proved to be

correct. The financial reporting system required that each participant submit on a monthly basis standardized information concerning revenue and expenditures. Specially designed computer input forms were supplied to each agency for transmitting the data to Goodwill national headquarters. The project staff reviewed the agency's input information for accuracy and completeness and monthly reports were returned to participating agencies. Analysis of the data produced the following detailed reports:

- 1) A Monthly Detailed Comparative Report
- 2) A Monthly Summary Comparative Report
- 3) A Monthly Operating Expense and Revenue Report

The basic documentation and explanation of the reporting system developed during the project was provided in the Manual for Financial Records, the first of a series of manuals to be published for general use. This Manual was an integral part of the emerging management information system known as USERS--The Uniform Socio-Economic Reporting System. USERS was designed for use in health and welfare agencies which provide, support, or supervise the services necessary to raise the socio-economic level of the physically, mentally, economically or socially disabled who are unable to meet the social or skill requirements of the society. The USERS management information system was developed to be flexible enough to provide a basis for uniform language among various component parts of the reporting system. Guiding the development of the USERS concept was the belief that agencies administering services to the disadvantaged and handicapped population must be prepared to interpret and justify the vast expenditures of time and money required to carry out the program services to a society which is basically uninformed of the needs of agencies to fulfill their obligations. The USERS management information system provided the means to accomplish this.

The preliminary work on the USERS financial subsystem ended in June 1970 with the implementation of the Uniform Financial Reporting System in 103 local Goodwill Industries, and thirty-one (31) additional agencies outside of the Goodwill organization. (The Uniform Financial Reporting System was a revised and more comprehensive version of the Standard Accounting Reporting System). The three-year research and demonstration grant provided an excellent foundation on which to construct the second subsystem of USERS--the uniform statistical reporting system. This statistical system would be designed to integrate the financial information with statistical data regarding clients, e.g., characteristics of clients served, types of services provided, etc. It was believed that an integrated financial and statistical information system would form an extremely flexible and usable management information system to meet the needs of the health and welfare community.

Statement of the Problem

Very little work has been done in the area of developing management information systems for use in health and welfare agencies. One of the first efforts to meet the information needs of these agencies was the design and implementation of the USERS Uniform Financial Accounting System, a functional fund-accounting system based on the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations. While the Uniform Financial Accounting System laid a solid foundation for financial reporting in health and welfare agencies, it did not provide a complete management information system which could be adopted by any agency needing financial and statistical information. The missing element was a uniform statistical reporting system which could be

integrated with the financial reporting system to provide managers with vital data regarding the effectiveness and efficiency of their organization.

The director of any health and welfare agency is confronted with the problem of determining and controlling the overall performance of his organization. He must be aware of the activities and levels of performance of his staff as they provide services to clients. He must be able to evaluate the effectiveness of the services provided and he must be able to document and justify the costs of service when he requests fees from state rehabilitation agencies.

Many small agencies are unable to provide the full-time services of a staff person to assist the manager in the control function, and many large agencies cannot be effectively or efficiently controlled solely by personal contact of a staff person on a daily basis. In order to exercise the greatest possible control over the inter-related components of his agency, a manager must have current and valid financial, as well as statistical, information readily available to aid him in obtaining the maximum possible effectiveness of services to the population served.

A uniform management information system combining financial reporting with statistical information, is one of the most important management tools which can provide managers of health and welfare agencies, large or small, with the information necessary to exercise maximum administrative control. A well-designed management information system must be capable of providing managers with the following types of information: 1) financial data concerning costs and cost-benefits of the services offered by the agency; 2) statistical data concerning the numbers and characteristics of the clients served; 3) statistical data relating the specific client disability

categories to the overall costs of the rehabilitation services provided; 4) Financial and statistical data showing the relationship between the input of manpower and financial resources and the outcomes of the rehabilitation process as measured by program efficiency and effectiveness; and 5) Financial and statistical information to permit the setting of equitable fees for services provided and to support proposed adjustments or modifications in the established fee structure. These are only five of the major information needs of management which require valid and timely factual information. Many other information needs exist for a manager to exercise appropriate control over the operation of his agency.

Statistical reporting systems, which form an integral part of any management information system designed to provide managers with program information, have been in limited use among private rehabilitation workshops. At the beginning of the project, only one statistical reporting system had been developed specifically for use in private rehabilitation facilities. This was the Reciprocal Rehabilitation Reporting System (3R) administered by the Rehabilitation Services Administration of the Department of Health, Education, and Welfare. The 3R system, first begun in 1968, was voluntary in nature and relied on the cooperation of private rehabilitation agencies and workshops for participation. At the present time, the Rehabilitation Services Administration no longer administers the 3R system, and it seems doubtful that it will be reinstituted for use among rehabilitation facilities. In 1970, the Reciprocal Rehabilitation Reporting system had approximately 500 of the estimated 2500 workshops and rehabilitation centers participating regularly. The 3R system did not attempt to collect individualized client cost information, an essential element in the development of a

uniform management information system. However, the 3R statistical reporting system served as one of the models in designing the USERS statistical reporting system. The basic problem encountered by the project staff was the total lack of a working reporting system which might be integrated with the Uniform Statistical Reporting System. It became clear that a totally new statistical system needed to be developed.

Specific Purposes of the Project

It has been the goal of the project to develop a uniform management information system, comprised of the functional fund-accounting system developed under project RD-2501-G and the statistical reporting system (hereafter referred to as the Client Record System) developed during the past three years. The purposes of the uniform management information system are: 1) to establish uniform budgeting and forecasting techniques; 2) to establish uniform cost effectiveness techniques; 3) to establish fee-setting techniques; 4) to establish uniform service information techniques; and 5) to establish recommended management control systems for voluntary health and welfare agencies.

The uniform management information system can be utilized to assist a voluntary health and welfare agency to: 1) realistically project and support its budget and service needs based on a uniform reporting system; 2) establish acceptable uniform fee-setting techniques to document actual service costs; and 3) assess the effectiveness and efficiency of the agency's program of services. The network of state rehabilitation agencies can also benefit directly from using this management information system in two major ways: 1) project and support their budget and service needs in dollars before their state legislatures; and 2) evaluate the cost effectiveness of agencies from whom they purchase services.

Agencies of the federal government can make practical use of the USERS management information system in that they will have valid and complete information on which to project and support their budget and service needs in dollars (before the Congress of the United States) based on reports from the state agencies where the USER system is operational. The information provided by the USER system will also enable federal agencies to evaluate and assess service cost variations due to regional differences, agency budget size, and other criteria.

Upon request, appropriate documentation through written manuals, procedures and data processing documentation can be provided to any interested agency or organization wishing to implement USERS. The assistance of project staff will also be available to workshops and rehabilitation facilities. A vital element in expanding the usage of the USER uniform management information system is thorough dissemination of the results of the study to the various agencies of government, educational institutions, national rehabilitation organizations, and other interested private and public institutions.

The results of the project will have far-reaching and important implications for the various sectors of the health and welfare configuration. At the local agency level, the uniform management information system can provide an agency manager with the data required to evaluate the effectiveness of the various programs and services. With this information, he can determine the most effective service delivery systems available to the clients served by the agency and choose where the primary emphasis should be. This determination will permit the maximum utilization of the often limited financial and manpower resources available to deliver effective services to the handicapped.

Communities where workshops and rehabilitation centers are located can use the data generated from the USER system to disseminate uniform, reliable, and valid information to the public pertaining to the delivery of services to community residents. Through this process of accounting for the expenditure of publicly donated resources, rehabilitation agencies will be able to mobilize and maintain community support for the continued operation of their programs.

State and regional governmental agencies can most effectively monitor and evaluate the ongoing programs of local agency programs through the analysis and assessment of information gathered by the USER system. The data provided will allow them to identify the strengths, as well as the weaknesses, in the service delivery systems under their jurisdiction. These governmental agencies will be better able to provide local programs with specific technical and/or financial assistance to upgrade the level of program content. In addition, budgetary requirements at the local, state, and regional levels can be realistically developed, using the cost data provided by local agencies.

The overall direction of the vocational rehabilitation program can be strengthened at the national level through the formulation of objectives and goals directed toward local agencies providing the services to the handicapped. This will be possible because accurate information regarding local, private sheltered workshops and rehabilitation centers will be available through the implementation of the USER system. National rehabilitation organizations will be able to compare and contrast the cost-effectiveness of programs under their general direction. Funding requirements can be projected in a realistic manner on the basis of actual cost data gathered from participating local agencies.

At the federal level, collection of uniform financial and statistical data from private and publicly operated rehabilitation agencies will enable federal agencies to determine accurately the needs of the population served. There will also be the capacity to compute the cost of services and to project the resulting benefits which have accrued from the expenditure of public funds in terms of meeting the needs of the target populations.

Ultimately, the prime beneficiaries of improved service delivery systems will be the handicapped population served by rehabilitation centers and sheltered workshops. Through the increased efficiency in operating a rehabilitation workshop, managers can provide more comprehensive services to the handicapped, and, hopefully, more effective services as well.

Review of Relevant Literature

Reviewing the available literature regarding management information systems for use in health and welfare agencies was a relatively easy task since very few reporting systems have been developed to meet the specific information needs of the sheltered workshop and rehabilitation facility. The early attempts to develop and implement a system of management information generally proved unsuccessful, but a great deal was learned concerning the pitfalls and problems involved. A considerable amount of information however, was found concerning financial and statistical systems that could be incorporated into a management information system for use in health and welfare agencies. It was important to design the system in a manner that would permit broad application to the problems of the rehabilitation workshop, would establish uniform categories of services, expenditures, revenue sources, etc., and would have enough flexibility to be

easily modified to fit within the parameters of the particular agency using it.

The document which served as the basis for the financial reporting system was the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations, published by the National Health Council and National Welfare Assembly in 1964. This publication laid out the theoretical framework around which the financial system was built through the process of field-testing and feedback modifications.

The statistical reporting system was based on the Federal-State Program of Vocational Rehabilitation -- Case Service Report. It was necessary to thoroughly analyze and evaluate the contents of the Case Service Report (Form RSA-300) to determine the information items which should be kept and those which could be eliminated. The instruction manual accompanying the Case Service Report was also reviewed since the data gathering instruments are only as good as the instructions which accompany them. This review of the existing "literature" on statistical and financial reporting systems also led to an assessment of the Reciprocal Rehabilitation Reporting System (3R), which was initiated under the direction of the Rehabilitation Services Administration of the Department of Health, Education, and Welfare. This client record system was developed specifically for use in private rehabilitation workshops and was voluntary in nature. Approximately 500 of the estimated 2500 rehabilitation facilities in the United States, at one time or another, participated in the 3R reporting system. The Reciprocal Rehabilitation Reporting system did prove useful in setting the parameters of information which the project wished to collect.

A highly sophisticated reporting system, the Rehabilitation Facilities Statistics Program, proved useful in pointing out how a management information

system could be over-developed in relation to the reporting needs of the agencies. This statistics program resulted from a research and demonstration grant from the Social and Rehabilitation Service, DHEW, and set up a prototype model of reporting that captured a wealth of clinical information concerning clients served in rehabilitation facilities. Elaborate coding systems were designed to collect as much information as possible on the transmittal forms. The amount of search time required to locate these codes and the level of judgment required to properly classify the particular client's characteristics tended to work against easy utilization of the system. The orientation of this reporting system was primarily medical, but it did combine important classification schemes into the vocational rehabilitation approach. A thorough analysis of the Rehabilitation Facilities Statistics Program was a beneficial exercise since it helped the project staff to remember that a reporting system which has limited usability is of limited value.

Goodwill Industries of America, Inc., developed a summary statistical reporting system, Selected Service Statistics, but it did not attempt to gather individual client information or the costs of services. These major statistical reporting systems for health and welfare agencies were carefully examined from the standpoint of types of information requested and methods of data collection and analysis. This review process proved to be extremely useful as the USERS Client Record System took shape. It allowed the project staff to select items common to all systems and to add missing elements which were judged important for a comprehensive management information system.

Brief Description of the Setting

The entire project staff was located at the national headquarters of Goodwill Industries of America, Inc., in Washington, D.C. The Goodwill national office serves a network of 155 autonomous local Goodwill units in the United States, Canada, and in 14 foreign countries. The administrative functions of the national headquarters include: 1) coordinating the services of member units; 2) representing member units to government agencies and private organizations; 3) assisting in maintenance of sound accounting and fiscal programs; 4) assisting local Goodwills in all matters related to providing and maintaining rehabilitation services to the handicapped; 5) recruiting and training executives and staff personnel; 6) assisting in developing new programs to help the handicapped; and 7) assisting in the development of public information programs.

The national headquarters is directed by the President of Goodwill Industries of America, Inc., through seven different functional departments: finance and management information systems; education and training; resource development; project development; special services and general counsel; rehabilitation programs; and public relations. Many of the technical resources of the national headquarters were utilized in developing the management information systems to augment the skills and abilities of the project staff. During the final phase of the three-year project, several local Goodwill facilities directly participated by critically evaluating the Client Record System that was developed. This initial feedback from the future users of the system helped to modify it and broaden its applicability.

II. METHODOLOGY

The methodology employed to develop the USERS management information system relied heavily on the involvement, advice and comments of many health and welfare agencies. The problems associated with developing the Client Record System were primarily those of determining what information would be most useful and helpful to managers in exercising maximum administrative control over their organizations. After this determination had been made, the second obstacle was to design a data-gathering system which would include the necessary transmittal documents (forms), the instruction manuals, data processing procedures, and information feedback to participating agencies in the form of reports and analyses of data.

The third obstacle to overcome, and perhaps the most critical, was to obtain an objective evaluation of the system from actual users in rehabilitation facilities and sheltered workshops. The methodology therefore called for a field test procedure in a variety of different settings so that as many different conditions as possible could be analyzed to assess the applicability and usability of the system.

An investigative phase was vital to the successful development of a broad-base client record system. Approximately 250 workshops and rehabilitation facilities were requested to describe their current client reporting systems, if they had one, and to suggest changes or modifications to the system to better meet their information needs. The 250 respondents were selected on the basis of their familiarity with the USERS Uniform Financial Reporting System. The sample was not representative of the total rehabilitation facility population. Facilities without some type of data-gathering procedures for clients were requested to critically evaluate the Reciprocal Rehabilitation Reporting System (3R)

with respect to its usability and applicability to their management information needs. A modest rate of return from the sample indicated that facilities with ongoing client record systems were not extremely satisfied with the systems and desired a more complete reporting format, one which would provide costs of service on an individualized client basis. Many respondents expressed the concern that they had neither the time nor the technical expertise to develop and implement such a system. Facilities without client record systems evaluated the 3R system and felt that it had some merit, but it did not provide the means to collect complete cost information for the individualized services received by a client. The review of client information needs revealed several important facts about client record systems: 1) client record systems currently available do not adequately fulfill the management information needs of many facilities; 2) the majority of responding executives and managers expressed a keen interest in the cost of rehabilitation services for an individual client; 3) the development and implementation of a comprehensive and uniform client reporting system cannot be done by the facility staff, since they lack the time and the technical expertise to do so; 4) interest in a system which provides cost of services for clients is directly related to the establishment of equitable rehabilitation fees with state Vocational Rehabilitation agencies; 5) the vast majority of facilities responding to the survey would seriously consider adopting a uniform client record system if it were made available at a reasonable cost.

At the completion of the review of user needs, it was decided that a thorough review of existing client record systems should be undertaken. This was done to determine the kinds of client data being collected, either at the facility level or at the state agency level. Two major client record systems were in use at that time, the Reciprocal Rehabilitation Reporting

System (3R) and the Case Service Report (RSA-300), a major part of the Federal-State statistical reporting system of the Vocational Rehabilitation program. Each system had elements which could be of benefit in developing a uniform client reporting system, but neither fully satisfied the requirements of providing maximum administrative control to facility managers. Management control requires a knowledge of the specific costs (in terms of manpower and materials) for each service provided a client, the length of time the services were rendered, the outcome of the rehabilitation process, and a unit-cost measure to determine the cost-effectiveness of the services provided. A client record system must provide these minimum information outputs to the manager if the system is to provide usable and helpful management information.

The client record system which was to come from these investigative efforts had to meet one major criterion--it had to be compatible with the existing Federal-State client record system (Form RSA-300, Case Service Report). With this in mind, the project staff carefully reviewed the reporting requirements of the Case Service Report, including the underlying assumptions regarding its use, definitions, and reporting procedures. Meetings were held with personnel from two state Vocational Rehabilitation agencies in an effort to discuss how the Federal-State reporting system is used within their states.

This review process led the project staff to contact the Oklahoma Public Welfare Commission, Social and Rehabilitative Services, to gather information about the Oklahoma vocational rehabilitation statistical reporting system (RVS-105R and 105RX), which is similar to the Case Service Report (R-300). The project staff were also interested in learning as much as possible about the Service Outcome Measurement Project which had as its two main objectives (1) the development of a procedure

for measuring changes in a client's social, physical, emotional and vocational functioning, and (2) the development of a procedure for determining the relative difficulty of client cases. These two objectives related directly to the development of the USERS Client Record System in several ways. A complete client record system should provide for rehabilitation outcomes which indicate the relative success or failure of the rehabilitation process. The reporting system must take into account many different outcomes which indicate that progress toward a rehabilitation goal was made or that progress was not made. The Service Outcome Measurement Project attempted to develop alternative outcome measures other than the traditional statuses 26, 28 and 30 of the Federal-State (RSA-300) system. It is a widely accepted fact that rehabilitation workshops must expend a great deal of their financial and manpower resources when attempting to rehabilitate a client who is severely disabled. Also, the chances of successfully rehabilitating him are much less than with a less severely handicapped client. The design of a Client Record System should somehow take these factors into account showing clearly the degree of difficulty associated with providing services to the most severely disabled. The Service Outcome Measurement Project attempted to weigh the degree of difficulty of the client's case, thereby adding an additional dimension to the management information available to managers and staff of rehabilitation workshops.

One of the major problems in adopting a case difficulty weighing procedure is the high level of sophistication required to administer the evaluation instruments. Many small private rehabilitation workshops would have considerable difficulty in incorporating a system such as this. Perhaps the greatest problem with the material developed by the Service

Outcome Measurement Project was the lack of validity regarding the data gathering instruments. These concerns ultimately led project staff to postpone the incorporation of these new approaches and procedures.

This decision was later proven to be the correct one.

The State of Oklahoma however has developed a highly sophisticated Case Service Report based on the information requirements of Form RSA-300. This system serves as one of the model client record systems for Federal-State statistical reporting. Many of the reporting procedures and data items go beyond the requirements of Form RSA-300 in that individual cost data are collected on a service-by-service basis. This procedure permits cost-effectiveness and cost-benefit analysis with respect to the rendering of services to clients and the outcomes of the rehabilitation process. In addition, the Oklahoma Case Service Report makes maximum utilization of available space on the reporting forms to permit recording not only the client's medical and work history, military record, previous education and training, but also the names and relationships of family members in the client's home.

The system has been computerized to permit rapid retrieval of data to determine client eligibility and previous service history. The two reporting forms (105R and 105RX) used by the State of Oklahoma are "turnaround documents," thereby permitting the state vocational rehabilitation agency to maintain up-to-date cost figures of rehabilitation services provided to each client. Despite the high level of sophistication found in this reporting system, it has the potential for widespread utilization among large and small workshops and rehabilitation facilities. The obvious benefits of this approach do not eliminate concern for certain obstacles for the private rehabilitation agencies

which will collect the individualized client data. The most serious obstacle is that of determining rehabilitation service costs. The vast majority of rehabilitation workshops have little or no experience in this area because there has not been a need for "individualized" client cost data. This fact requires that appropriate procedures must be made available to workshops and rehabilitation facilities to make cost determinations before incorporating this type of client record system as the statistical subsystem of USERS.

The review of ongoing client record systems revealed that several of their outstanding feature should be incorporated into the USERS Client Record System. Work was thus begun on developing the USERS model client record system for facilities and workshops, utilizing the Uniform Financial Accounting System as the basis for allocating costs of rehabilitation services.

Description of the Client Record System

The Client Record System forms the nucleus of the Uniform Statistical Reporting Subsystem of the USERS management information system. The model has been designed to provide any rehabilitation facility or workshop with the capacity to keep current and up-to-date records for each client served. The system also provides for a service-by-service cost record including indirect costs related to counseling, supervision and on-the-job training. The basic Federal-State reporting system statuses have been slightly modified to fulfill the needs of private workshops and rehabilitation facilities.

The two reporting forms (721R and 721RX) are "turnaround documents." Form 721RX is used only at initial intake to transport data to the computer case file. Upon receipt of Form 721RX, a computer-printed copy of Form 721R

is returned to the agency with the identical data printed. When the client completes rehabilitation services, Form 721R is updated to record service costs and units of service. Again, the form is forwarded to the computer center for updating into the client case files. A final updating of the computer case file is made when the client is closed or terminated from the workshop or facility. The updated Form 721R is used to transport termination data to the computer center, and a final computer printed copy of Form 721R is returned to the agency for their permanent files.

Data on each client served are retained in the computer bank to form a client historical file. This computer record serves as the data base for making cost benefit and cost effectiveness analyses, projections of cost in relation to types of disabilities, and other analyses which will provide managers with facts to evaluate the performance of the agency.

The system can be used by large and small agencies, because it is not necessary to have sophisticated data processing equipment in the facility. Goodwill Industries of America, Inc., national headquarters, serves as the data processing center, providing each participating agency with the technical assistance about how to utilize the client record system. The national headquarters also serves as the data bank because of its computer capabilities to store and retrieve millions of pieces of data, and it provides technical assistance to participating facilities in the event difficulties are encountered in making appropriate service cost determinations.

One of the unique features of the USERS Client Record System relates to determination of service costs. For the first time, an agency can

compute and record the amount of services received by the client (units of service), the amount of financial resources expended in delivering the service (cost of services), and the cost arrangement in paying for the service. This feature is extremely valuable in assessing the relative cost of rehabilitating clients with different categories of handicaps and disabilities. Included with unit-cost information of services is a detailed record of how long the client was receiving services from the agency, how much time he remained in each status category, and what the eventual outcome of the rehabilitation process was. The information thus provided a manager can indicate how much it is costing the agency to provide a particular service, and this can be documented to justify increases in fees charged to third party payers (insurance companies, state vocational rehabilitation agencies, etc.).

One of the most important features of the USERS Client Record System is that it permits outside organizations, clients, the community where the agency is located, and the governing boards of the agency to critically assess how well the agency is capable of providing social services. Accountability to the community and to the clients it serves will eventually transform many mediocre programs into exemplary programs, or it is likely that they will cease to receive the necessary community support. The Client Record System, as it has been integrated with the Uniform Financial Reporting System, is the means by which accountability can become an integral part of any agency's plan of action.

Once the reporting forms had been designed and reviewed and the instruction manual for completing the forms had been evaluated, the next step was to develop a systematic means for computing costs of service and units of service. This task required extensive research into determining

indirect (supervision of clients in a work training setting) and direct (a fixed fee for a physical examination) costs of services. A worksheet was designed to record the dollar amounts and the number of units of service received by each client on a weekly, biweekly or monthly basis, depending on the internal practices of the agency. Thirty-three service categories were listed on the worksheet, along with six expense categories under which the dollar amounts and units of service were recorded. Appropriate formulas were developed to permit agency staff to compute costs of services for the expense categories: salaries to professional staff, wages/salaries to supervisory staff, wages to clients, professional fees, testing fees, and other expenses. This system provided for a uniform accounting of expenses as related to the delivery of services to handicapped clients.

III. RESULTS OF THE PROJECT

Fundamental to the successful completion of the project was a field test of the USERS Client Record System. Three basic questions had to be answered about the applicability and utility of the system: 1) Could an agency using the client record system exercise greater management control over the agency's program? 2) Could an agency quickly and efficiently implement the system in a rehabilitation workshop setting? and 3) Would the amount of time and effort required to collect, compute, transmit, and computerize the information work against the "turnaround" feature of the reporting system? Undoubtedly the high level of sophistication of such a system tended to reduce its applicability and usability in workshops and rehabilitation centers. The mere fact of computing service costs could probably occupy the activities of a number of accounting clerks for several days each month. These concerns made it imperative to field test the client record system in a rehabilitation workshop setting.

Selecting the Field Test Site

A careful selection process began to find a suitable location to carry out the field test. It was decided that the field test site would have to be within a relatively close proximity to the Goodwill national headquarters so that the project staff could observe, first-hand, how the system was being implemented. Also, it was felt that the staff of the prospective facility would be more willing to undertake a field test if they knew technical assistance was relatively close by. The selection of the appropriate site would also depend on the type of programs that were offered at the agency. A facility was sought in which there were the widest mix of program emphases: a full range of rehabilitation services (evaluation, training, work adjustment, counseling, placement, etc.) and transitional and terminal

sheltered employment for handicapped clients. A careful review of the facilities within a radius of 100 miles of the Washington, D.C. area uncovered several possibilities which were contacted. A final field test site was eventually selected in the city of Baltimore, Maryland.

The field test officially began in January 1974 following the development and testing of computer programs to analyze the data. All the materials (forms, manual, worksheets and instructions) were mailed directly to the facility staff member in charge of conducting the field test. Appropriate arrangements were made to transmit the forms and other information to the national headquarters of Goodwill Industries.

During the course of the field test, periodic evaluation sessions were conducted with the rehabilitation counselors, supervisors, and other professional staff to determine how well the system was working and how useful they felt the information was in helping them to increase their programs' efficiency. During these "feedback" sessions suggestions were solicited from the facility staff concerning modifications and/or changes that could be made in the reporting forms, instruction manual, worksheet, procedures for transmitting the information, etc. This information was carefully reviewed by the project staff and, when appropriate, these modifications were carefully incorporated into the client record system.

The results of the field test have been for the most part extremely encouraging. Although the resources of the project did not permit a greater number of field test sites, the facility participating in the field test was felt to be suitable to demonstrate how the system would and could be used. It was found that an agency using the USERS client record system could more closely monitor the internal operations of the

various programs, and as a consequence, could more effectively control the delivery of services to the clients. It remains to be documented, however, whether this control has resulted in an increase in the quality of the services provided to the client. Impressions of the facility staff suggest that such an increase in the quality of services will take longer than increasing the efficiency of the programs. One of the major benefits to the agency after only five months of using the client record system is a uniformity of information collected on every client. Costs are being uniformly computed as well as units of service (hours, half-hours and quarter-hours) and the system is revealing how much of the work-day is spent in direct and indirect contact with clients. This finding is encouraging to the project staff because it is believed that this knowledge is a major step in increasing efficiency and, hopefully, increasing the effectiveness of the services provided clients.

The amount of time and effort required to instruct operating personnel in the use of any new management information system will always be long and sometimes difficult. In the case of the client record system, all of the component parts were designed to cut down on "search" time, i.e., the time required to locate a specific definition, category, code, etc. and to place the appropriate notation on the transmittal form. Aside from the initial intake interview, the forms are completed away from the client, at the discretion of the counselor or supervisor. A minimum number of codes have been used in collecting the necessary data, and the most frequently used ones are on the front of the initial intake form. This feature of the system was seen as a plus factor in instructing the staff to use the recording forms. Errors on the first few forms that were transmitted to

the national headquarters for processing were of a minor nature and were of a minor nature and were easily corrected. The costs to an agency in terms of time and effort in gathering and transmitting the information must be weighed against the increase in efficiency and effectiveness within the operating systems. Staff using the client record system felt that at present, the benefits of using it do outweigh the initial costs. The one major area of difficulty, however, was in the computing of service costs. These procedures were time-consuming and had to be done exactly according to the instructions. However, this feature of the client record system was seen as extremely valuable and was therefore carried out regularly. The overall impression from the facility staff was that this aspect of gathering the information could be streamlined internally while remaining within the procedural structure set out in the manual of instructions.

The "turnaround" nature of the client record system has also proven to be a worthwhile feature for several reasons. The data can be updated whenever the agency wishes to do so, and information can be retrieved on any client already in the system in a matter of minutes. By maintaining a steady exchange of information, the client record becomes a running account of what is being done, rather than an historical accounting, after the fact of what was done. The question raised about the feature, however, was how quickly and how conveniently could the data be entered into the computer and then retrieved. Given the amount of time required to transmit information through the postal system, it was feared that input and retrieval of information would not be quick enough to satisfy the needs of the agency management staff. It was found however that the needs of the organization for individual client information were less

than originally anticipated. The major requests for information centered around summary statistical reports relating to type of disabilities by cost of services, length of time in the program, etc. It was concluded that this feature of on-line information exchange is a worthwhile element of the client record system and should be retained.

IV. DISCUSSION AND IMPLICATIONS OF RESULTS

The objectives of the project have been to develop, implement, and evaluate a uniform management information system for use in health and welfare agencies. A management information system has been developed to permit any agency to exercise considerable control over the internal financial and programmatic functions so that the level of efficiency and effectiveness of the services delivered to the handicapped can be increased. Conceptually, management information systems are important tools in obtaining the maximum possible benefit from the limited financial and manpower resources of an agency. The management information system known as USERS (Uniform Socio-Economic Reporting System) consists of two interrelated reporting subsystems, the uniform financial reporting system and the uniform statistical reporting system. The statistical subsystem collects information about the clients served and the costs of the services provided to them by the agency. During the three years of this project, the primary goals have been to develop a workable client record system and to integrate it with the already-functioning financial subsystem. The results of these efforts have been extremely encouraging in that the client record system has been developed and is being used by an agency with favorable results. The system is undergoing continual evaluation in an effort to expand its applicability and usability.

What is particularly significant about the results? What is the meaning of these results for health and welfare agencies, for state vocational rehabilitation programs, and for other interested agencies? What is the significance of these findings for social and rehabilitation workers in the field in terms of day-to-day use? These and other questions

must be carefully examined and a plan of action should be formulated to implement the important results of this project.

One of the basic assumptions of the project has been that the manager or managers of an agency can exercise the greatest possible control over the agency if he has available to him current, accurate and reliable information about the programs and the clients served. The necessary information was assumed to be data concerning costs of services, numbers and characteristics of clients served, disabilities of clients in relation to the overall costs of rehabilitation, input of manpower and money in relation to outcome of services, and measures of program effectiveness and efficiency. Given this information, a manager could improve the system of delivering the services, could increase the effectiveness of the services, and could plan more realistically for future costs of program operation. In addition, the manager would be able to account, in quantitative terms, to the community and to the clients served for the use of the resources made available to the agency. This element cannot be overlooked since it is ultimately the responsibility of each community to support the programs of the health and welfare agencies. Without community support, few, if any, programs could be implemented and the success of such programs would be marginal. In light of these facts, agencies must be aware of the need to explain and account to the community for the services they are rendering, and must be able to show that they are providing effective services in an efficient manner.

The critical issues of the field test have centered around the usability of the client record system, how much of an increase in program effectiveness and efficiency would result, and how costly the system would be in terms of time and financial resources expended to implement and continue

it. The results of the field test strongly suggest that any agency, large or small, can implement and use the system without experiencing unnecessary strains on their programs during the initial implementation phase. Secondly, the results of the field test suggest that the management staff are better able to monitor and control the daily operations of the agency through the use of information generated by the client record system. For example, the client record system captured data concerning the costs expended by agency staff in determining the eligibility of applicants and it also showed reasons why the applicant was not accepted for services. The percentage of applicants accepted for services out of the total number of applicants by sources of referral was also determined. Putting these pieces of information together, it was possible to determine that some form of pre-screening should take place by the referral source before the applicant was referred to the agency, using criteria developed by the agency staff. It was also found that certain disability categories could not be served by the agency for various reasons and clients with these types of disabilities were referred to other agencies immediately. Certain types of clients required more staff time in determining their eligibility than others. Once this was known, it was possible to investigate the reasons why and the extra time required to make the eligibility determination was reduced considerably by instituting revised intake procedures.

All of these examples relate to increasing the degree of control that managers can exercise once these facts are available to them. If the agency managers can increase the level of efficiency and, concurrently, the effectiveness of their programs through the use of the management information system, then the target populations in the community will be

better served. Feedback from the field test strongly indicates that this degree of management control can be attained by relying on the information generated through the client record system. One of the major findings of the field test procedure was the tremendous amount of flexibility which exists in the use of client record system-generated information. The field test agency commented many times about the variety of ways in which the data could be combined, categorized, and summarized. This high degree of flexibility stems from the use of data processing equipment and the "turn-around" nature of the system. The benefits derived from this flexibility only increase the usability of the system.

As users of the client record system and the total management information system, managers of rehabilitation facilities and sheltered workshops can benefit directly from incorporating the client record system in their agencies. The time required to implement the system is not prohibitive, and agency staff can begin immediately to receive information feedback. Once a large client data base is established, the USER system will generate comparative statistical reporting, enabling like agencies to assess and compare their service costs, program effectiveness, etc. This feature will allow a new agency to determine the norms which management should strive to maintain in terms of program costs and program effectiveness. As a group, the managers of agencies should be encouraged to incorporate the management information system as quickly as it is convenient for them to do so. It is estimated that there are between 2500 and 3000 sheltered workshops and rehabilitation facilities in the United States. A management information system which has the capabilities of the USER system would be a tremendous management tool in increasing and expanding services to the handicapped, particularly now that considerable emphasis has been placed on the

severely handicapped. In order to make the maximum use of available resources greater efforts than at present will be required of rehabilitation facility personnel as they provide services to the most severely handicapped. In all likelihood the present fee structure will have to be adjusted upward to take into account increases in services provided to the severely handicapped. This fact signifies that agency managers must be able to document the costs they incur in providing services to this population so that the fee structure is equitable. The USERS client record system will provide the documentation for restructuring fees to reflect the ever-increasing rises in the cost of services.

The issue of agency accountability to the community cannot be overlooked as one of the significant points to consider in deciding to incorporate the USERS client record system within an agency. Today perhaps more than ever there are numerous agencies competing for the support of the community. Many of these agencies have worthwhile and socially beneficial programs which are meeting community needs to some extent. Invariably, however, there are not enough resources in the community to financially support all of these worthwhile programs and eventually hard decisions have to be made to determine where the resources will be placed. Social service agencies which can demonstrate the effectiveness of their programs and can show their fiscal responsibility in managing the resources allocated to them will probably receive the majority of available financial resources when the final decisions are made. Unless the social service agencies can receive continuing community support, it is extremely unlikely that they can maintain viable programs. Therefore, the client record system will provide the required statistical and financial documentation to help agencies increase

community support and at the same time will improve the internal functioning of the organization.

The significance of the project's results for state vocational rehabilitation agencies is readily apparent. Many private workshops and rehabilitation facilities receive clients from state vocational rehabilitation agencies on a fee-for-service basis to provide work evaluation, work adjustment, skill training, etc. Up to this time, there has not been a systematic means available to state agencies for assessing the effectiveness of services purchased from private agencies, nor has there been a means for private agencies to document the actual service costs they incur while treating state agency sponsored clients. Now that the USERS management information system is available to local agencies, a state agency can request summary statistical data from private agencies to determine how effectively they are providing services to clients. Comparisons among private agencies will reveal those which are the most cost-effective in terms of the impact or outcome of services for the client. It may be found that certain agencies are more effective than other agencies in treating a specific type of disability category. Because length of time that the client spends in the agency can be related to the amount of services received, the costs of these services, and the specific disabilities of the client, it will be possible for a state agency to project the amount of resources required to provide a certain number of services to a specific disability group of clients and how many clients can be treated during a certain period of time. Private rehabilitation agencies from whom services are purchased have not been required to supply systematic client data to state vocational rehabilitation agencies. This fact has made it extremely difficult to estimate costs and caseloads accurately or consistently. If state vocational rehabilitation agencies

require private facilities to maintain up-to-date client records including costs of services, the result will be a more complete picture of the service delivery systems, i.e., what services have been provided, the costs of these services, the eventual outcome of the rehabilitation process, and the length of time required to achieve the outcome. Armed with this information, the state agencies can select those private facilities which have achieved the greatest amount of success to provide services to state agency-sponsored clients. As a side benefit, there will be a more accurate and equitable setting of fees to help the private agencies maintain quality services.

State vocational rehabilitation agencies are required to submit detailed plans to the Department of Health, Education, and Welfare, spelling out what the state program will accomplish during the fiscal year, projecting fiscal and manpower needs for future periods, and estimating the client populations to be served in succeeding years. There is little doubt that a state plan which is based on the most current and accurate information available concerning numbers of handicapped individuals and types of disabilities does not provide a complete picture of the total needs of the target population. A study of the 1970 data collected from the 3R (Reciprocal Rehabilitation Reporting) system showed that among clients served at private rehabilitation facilities, approximately 45% were sponsored by state VR agencies. In other words, over half of the clients served by these private agencies in 1970 were not accounted for on the state agency program. It is likely that many of these non-state program-sponsored clients will eventually enter the state program and receive services paid for by the state agency. Unfortunately, state VR agencies have limited knowledge of this "hidden" population and they

would therefore not be able to accurately estimate the numbers nor the types of disabilities of individuals in the state who are in need of the state vocational rehabilitation program. Once again, if the state agency required private facilities to incorporate a client record system and required private agencies to periodically provide summary data about clients, the state agency would be in a much better position to plan for the needs of the statewide handicapped population.

V. SUMMARY

A retrospective summary of the project result brings out several important considerations for health and welfare agencies, both public and private.

One fact which must be dealt with before real progress can be made relates to the general reluctance on the part of rehabilitation agency managers to adopt any new reporting system, regardless of how helpful it may prove to be. The private sector of the rehabilitation community has only recently developed an accreditation system to assure standards among agencies serving the handicapped. Pressure on these agencies to adopt a uniform financial and statistical reporting system must come from the community where the agency is located and from state and federal rehabilitation agencies. Some form of uniform reporting must be mandatory in any rehabilitation workshop which receives federal or state monies to serve the handicapped. Such a requirement will act as an incentive throughout the rehabilitation community to seriously incorporate a workable reporting system into the internal operations of an agency. It is the consensus of opinion among project staff that this is perhaps the only way to achieve a moderate level of implementation of a management information system around the country. Thus, it will be the responsibility of state and federal agencies to determine the types of information they will need from private workshops and rehabilitation facilities in order to accomplish their mandated objectives, and to make available a workable reporting system to those agencies wishing to implement it.

The second consideration relates to the emphasis placed on serving the severely handicapped as mandated in the Rehabilitation Act of 1973.

The Federal-State program of vocational rehabilitation has been quite successful over the years in rehabilitating the handicapped and the disabled. Some have felt that this high level of success was achieved at the expense of the most severely handicapped. In short, state agencies may have placed more emphasis than required on seeking out mildly handicapped clients, thereby ensuring a relatively high rate of "Cases closed -- rehabilitated" (status 26).

This concern for serving the most severely handicapped is now part of the law. State vocational rehabilitation agencies have begun to focus their efforts toward this target group. Unfortunately the level of financial resources needed to provide services to the most severely handicapped has not been substantially raised. This means that state agencies will have to be extremely careful in selecting a private rehabilitation agency to provide services to a severely disabled client. They will want to know how effective that private agency has been in rehabilitating similar clients, how much the costs have been, and how long it has generally taken to complete the process. The question is then -- how will the state agencies be able to make these determinations regarding private agency programs? One of the most effective ways is by means of a uniform management information system, installed in the private agency to supply factual information to state vocational rehabilitation agencies.

These are only two of the considerations which must be dealt with if vocational rehabilitation programs wish to increase and expand the levels of service to the handicapped.

VI. REFERENCES

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3. National Health Council and the National Social Welfare Assembly. Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Agencies. New York, 1964.
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6. Summary Statistics, Reciprocal Rehabilitation Reporting System, Section III - Client Data. Ithaca, New York. Cornell University, 1972.
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APPENDIX I

CRS INSTRUCTION MANUAL

AND

TRANSMITTAL FORMS

INTRODUCTION TO CLIENT RECORD SYSTEM

The Client Record System is a part of the Uniform Socio-Economic Reporting System designed to provide rehabilitation facility management personnel with a comprehensive management information system.

The Client Record System consists of two interrelated reporting forms containing the basic elements for recording and transmitting data. Form 721RX is designed to collect initial interview information from referrals at intake and to transmit this information to a central data processing center. Form 721R expands upon the initial interview information, collecting data which relate to service costs, units of service, disabilities of clients and outcomes of the rehabilitation process.

Utilization of the Client Record System will permit facility personnel to evaluate the effectiveness of their rehabilitation program as well as providing a uniform and detailed accounting of the client's progress through the rehabilitation process.

INTRODUCTION TO FORMS 721R and 721RX

Forms 721R and 721RX are "turnaround" documents. This means that they are forwarded from the agency to the data processing center as a means of transmitting new data, changes in data, and updates. After processing at the center a computer-produced copy is returned to the agency with the proper changes reflected on the form. Both forms have an original copy and a carbon copy. The carbon copy will be retained in the agency files as a means of recording changes and updates and to verify changes on the computer-produced copy when it is returned to the originating agency. The carbon copy should be retained in the client's case folder until the computer-updated form is returned and verified.

PREPARATION AND TRANSMITTAL OF 721R AND 721RX

The following guidelines are to be used in preparing Form 721R and Form 721RX. Individual line items are designed to allow a given number of positions in which to enter the required data. For example, item 143, Disability as Reported, has 17 positions available. It is not necessary to use all 17 positions when filling in the Disability as Reported item. All blocks requiring dates must be entered to reflect a two-position month, two-position day, and two-position year. For example, January 4, 1972 would be entered as 01/04/72. All items calling for information not defined by the coding instructions should reflect the actual data.

In some instances, data as initially reported will be too lengthy to fit into the allowed number of positions. This may often be the case with disability descriptions. If the disability descriptions are too lengthy to fit into the 17 available positions, it is advisable to use abbreviations or to change the description to convey the same meaning but within the allowable number of positions.

DISABILITIES AND CODES

The following list of disability descriptions and corresponding codes will be used for each client referred to the agency. The disability descriptions are based on the RSA's "Reciprocal Rehabilitation Reporting" descriptions and the codes have been developed to provide a quick and convenient means of referring to client disabilities.

<u>Disability Description</u>	<u>Code</u>
Visual Impairments	1
Hearing Impairments	2
Cerebral Palsy	3A
Other Orthopedic Deformities or Functional Impairments	3B
Absence or Amputation of Major and Minor Members	4
Psychotic Disorders	5A
Psychoneurotic Disorders	5B
Alcoholism	5C
Drug Addiction	5D
Other Character, Personality and Behavior Disorders	5E

CLIENT RECORD SYSTEM MANUAL

<u>Disability Description</u>	<u>Code</u>
Mental Retardation	5F
Epilepsy	6A
Cardiac and Circulatory Conditions	6B
Other Disabling Medical Conditions (except epilepsy and cardiac conditions)	6C
Advanced Age - 65 and up (for persons disadvantaged by reason of age for whom any of the above descrip- tions are not appropriate)	7
Disadvantaging Conditions (for persons disadvantaged by reasons of youth, low educational attainment, ethnic or cultural factors, prison or delinquency records, or other conditions which constitute a barrier to employment for whom any of the above descriptions are not appropriate)	8

RECORDING A NEW REFERRAL - FORM 721RX

When recording a new referral it is necessary to use Form 721RX. This form contains the basic information required to enter a new referral into the computer case files. In addition, codes are also provided on Form 721RX for convenience in entering the information items. Information blocks requiring a code are marked by an asterisk after the item description. Form 721RX can be used to enter the client as a referral or as an applicant, depending on the amount of information available at the initial intake interview. The original copy of the form will be forwarded to the computer center and the carbon copy will be retained in the client's case folder to document and verify what has been sent to the computer center.

UPDATING AND/OR CHANGING THE CLIENT RECORD - FORM 721R

Once the computer center has received and processed the initial Form 721RX, it will duplicate all the information items recorded on Form 721RX and return a new Form 721R to the agency. This new form will be used to update and/or change the client's record at the computer center and to record additional client information by the agency staff.

Form 721R has been designed so that changes and/or updates can be written in above the printed line. If a change is necessary, the initiating individual should print the correct information above the line item which is incorrect or incomplete. All changes or updates must be printed and made with a ballpoint pen.

The original copy of Form 721R is then forwarded to the computer center and the client's file record will be updated. The computer will duplicate the client's record on a new Form 721R and return it to the agency. This procedure will be followed until the client completes the rehabilitation process and is closed from the agency rolls. To summarize, updates and/or changes will always be made by the agency staff on Form 721R. The form will be sent to the center, processed by computer and a corrected or updated copy of Form 721R will be returned to the agency.

CLIENT RECORD SYSTEM MANUAL

THE CASELOAD STATUSES

There are 13 status classifications in even numbers under the caseload coding structure. The odd numbers have been excluded from the coding structure to permit local agencies to record additional detail in case progress recording. When an odd number is assigned to a unique agency status, the definition and description of the status should be coordinated in advance with the data processing center.

REFERRAL AND APPLICANT STATUSES

STATUS 00. REFERRAL. This status represents entrance into the agency's rehabilitation process for any individual who meets the following definition of a referral: An individual who has applied to or been referred to the agency by letter, by telephone, by direct contact or by any other means, and for whom the following minimum information has been furnished -- 1) Social Security number, 2) case number, 3) source of referral, 4) primary sponsor, 5) name, 6) address, 7) date of birth, 8) sex, and 9) disability as reported. All such individuals will be recorded and reported on Form 721RX even though the agency may close out (Status 08) the referral almost immediately as being deemed inappropriate or for other reasons.

STATUS 02. APPLICANT. Applicants are referrals (Status 00) placed in Status 02 as soon as the individual requests services from the agency and provides all the information requested on Form 721RX (Blocks 101 through 144).

While the individual is in this status, sufficient information is developed to determine appropriateness and availability of agency services in relation to the scope and severity of the applicant's reported disability. When an agency has determined that the applicant is eligible for services and that the services are available, the applicant can be moved to one of the In-Service statuses (14, 16, or 18). If the applicant is not eligible for services or these services are not available from the agency, the applicant can be closed (Status 08) from the rehabilitation process at this time. However, the agency has the option of placing an applicant in Extended Evaluation, Status 04, prior to making this determination.

EXTENDED EVALUATION STATUS

STATUS 04. EXTENDED EVALUATION. The Extended Evaluation status (04) is provided for purposes of determining an applicant's rehabilitation potential by the agency. An applicant having a physical or mental disability which is a substantial handicap to employment can be placed in the Extended Evaluation status for extensive evaluation and diagnosis. An applicant placed in this status remains in extended evaluation until the agency has determined whether rehabilitation services can or cannot render the individual fit to engage in a gainful occupation. The individual can be moved from this status to either the In-Service statuses (14, 16, or 18) or Closure status (08) when it is determined that either (a) there is a reasonable expectation that the individual can be rendered fit to engage in a gainful occupation (In-Service statuses 14, 16, or 18), or (b) there is no likelihood that he can be rendered fit to engage in a gainful occupation (Closure, Status 08).

CLOSURES FROM REFERRAL, APPLICANT, OR
EXTENDED EVALUATION STATUSES

STATUS 08. CLOSED FROM REFERRAL, APPLICANT, OR EXTENDED EVALUATION STATUSES.

This status has been provided to furnish a means for identifying all persons not accepted for services, whether closed from referral status (00), applicant status (02), or extended evaluation status (04). All persons processed through referral, applicant, and/or extended evaluation, and not accepted into the active caseload for rehabilitation services, will be closed in status 08. If a client is accepted for services and has been placed in an In-Service status (14, 16, 18), he can also be closed in status 08 if the client has not begun to receive any rehabilitation services from the agency.

IN-SERVICE STATUSES (STATUSES 14, 16 AND 18)

The In-Service statuses are provided for case progress designations to indicate the kind or kinds of services given to the client to prepare him for employment. In those instances where a client receives restoration and training services simultaneously, the client should be identified by the service which is running for the longest period of time. In those instances where both services run concurrently, the client will be assigned to the status considered to be most important for the individual's preparation for employment. It is not feasible, for reporting purposes, to record concurrent statuses for individual clients. However, agencies which can benefit from concurrent status information may wish to record it, for agency use only, on Form 721R. Space has been provided (Blocks 265 through 292) to record the client's status history throughout the rehabilitation process. Concurrent statuses can be recorded here on Form 721R.

STATUS 14. COUNSELING AND GUIDANCE ONLY. This status should be used only for those cases which counseling, guidance and placement are the only services required to prepare the client for employment. This status is not to be used to reflect the counseling and guidance which takes place during the progress of training, or physical or mental restoration. However, in those instances where there has been a breakdown in the case progress after other services have been provided, and it has been determined by the agency's professional staff that substantial counseling and guidance are essential to the successful placement and rehabilitation of the individual, the client may be entered in this status.

STATUS 16. PHYSICAL AND MENTAL RESTORATION. A client is placed in this status if he is receiving medical, surgical, psychiatric, or therapeutic treatment, or is being fitted with an appliance. A case remains in this status until physical and mental restoration services are completed or terminated.

STATUS 18. TRAINING. A client is placed in this status if he is actually receiving one or a combination of the following types of training: (1) training in a public or private school; (2) training within an agency or in a commercial or industrial establishment under employment conditions; (3) training being given under conditions other than school or employment. Clients remain in this status until the training is either terminated or completed.

EMPLOYMENT STATUSES

STATUS 20. READY FOR EMPLOYMENT. A client is placed in this status when he has completed preparation for employment (counseling, guidance, treatment, fitting of an appliance, training, etc.) and is ready to accept a job but has not yet been placed, or has been placed but has not yet begun employment.

STATUS 22. IN EMPLOYMENT. A client is placed in this status when he has been prepared for, been placed in, and begun employment. He must be followed in this employment for a minimum of 30 work days prior to being closed rehabilitated (status 26) to insure adequacy of employment in accordance with the needs and limitations of the individual. Homemakers and unpaid family workers should be included under this status while they meet the observation criteria.

SERVICE INTERRUPTED STATUS

STATUS 24. SERVICE INTERRUPTED. A client is placed in this status if rehabilitation services are interrupted while he is in 14, 16, 18, 20 or 22. Such cases are then held in status 24 until the client returns to one of the aforementioned statuses or until the case is closed (statuses 26, 28 or 30).

CLOSURES FROM THE ACTIVE CASELOAD

A client remains in the active caseload (statuses 14-24) until he has completed the rehabilitation process or until it has been determined that the rehabilitation process should be discontinued. Cases closed from the active caseload are classified in one of the following categories.

STATUS 26. CLOSED REHABILITATED. Cases closed as rehabilitated must, as a minimum, (1) have received appropriate diagnostic and related services; (2) have received appropriate counseling and guidance; (3) have received essential rehabilitation services in preparation for gainful employment; and (4) have been determined to be suitably employed for a minimum of 30 work days.

STATUS 28. CLOSURE - TERMINATED BY AGENCY. Cases closed in this category must have met criteria (1) and (2) above, and have received at least one rehabilitation service in preparation for gainful employment. However, for reasons determined by the appropriate agency personnel, the client has been terminated from the active caseload (statuses 14 through 24) of the agency. Also included in this category are clients who transfer to another agency for services.

STATUS 30. CLOSURE - CLIENT SELF-TERMINATION. Cases closed in this category must have met criteria (1) and (2) above, and have received at least one rehabilitation service in preparation for gainful employment. However, the client chooses to discontinue participation in the rehabilitation process.

NOTE: If a client has been accepted for services (statuses 14, 16 and 18) but has not begun to receive any of the services, he should be closed as status 08 instead of closure in status 28 or status 30.

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SECTION I - RECORDING A NEW CASE - FORM 721RX

Cases not currently in some active status will be treated as new cases, including all cases previously closed in statuses 26, 28, 30 and 08. Each new client will be entered into the computer file through the use of form 721RX. The reporting agency will complete Form 721RX with the information necessary to enter the client in the desired status. The original copy of the 721RX form is used to transport information to the data processing center for new clients. The carbon copy remains in the client's folder to document what has been sent to the data processing center.

MINIMUM DATA ENTRY REQUIREMENTS: STATUS 00 (REFERRAL). All cases recorded in Status 00 (Referral) must have the following minimum information available:

1. Social Security Number (Block 101)
2. Case Number (Block 102)
3. Referral Source (Block 106)
4. Primary Sponsor (Block 107)
5. Name (Blocks 108-110)
6. Address (Blocks 111-114)
7. Date of Birth (Block 117)
8. Sex (Block 118)
9. Disability as Reported (Block 143)

NOTE: Form 721RX can be forwarded to the Data Processing Center for processing with only this minimum information entered if the referral is closed immediately (status 08) at the time of the first interview. In these instances, the Reason for Closure (Block 145) should also be completed. It is desirable, however, that the agency complete as many items as possible even though the case is closed immediately.

If the referral is not closed at the time of the first interview, the following information is to be recorded on Form 721RX before it is forwarded to the data processing center for inclusion into the computer case files.

Block 101 - Social Security Number (9 characters). The client's Social Security number will be recorded if it is available. If the Social Security number is not available at referral, leave this item blank and the number can be added later when it is obtained. Every effort should be made to obtain a Social Security number for a client if he does not have one.

Block 102 - Case Number (10 characters). A ten-digit case number must be entered here. This case number consists of three parts:

Digits 1-3 consist of a unique agency number supplied to the agency by the center.

Digits 4-5 consist of the last two digits of the calendar year in which the client enters into the rehabilitation process.

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Digits 6-10 consist of a 5-digit case designation beginning with the number 00001, and runs consecutively from this number. Each client will have a unique case designation assigned by the agency. At the beginning of the calendar year, the agency will return to the number 00001 to designate the first case and will continue consecutively from this number. An example of a case number follows:

32A	-	72	-	01412
Unique Agency Number		Year		Unique Client Number

Block 103 - Action Code (1 character). This item will be entered on the form when recording any change or update. When recording a new referral the item will be completed to reflect a new case not previously in the case information file (Code 1). A revision, update or adjustments on an active case already in the computer file will be recorded as Code 2.

Block 104 - Current Status (2 characters). All cases recorded on Form 721RX must be recorded as either 00 (referral) or 02 (applicant) status. If the case is to be placed immediately in one of the In-Service statuses (14, 16, or 18), the additional information required to enter a client in an In-Service status can be documented on the carbon copy of Form 721RX in the client's folder and later forwarded to the center on Form 721R as an update.

Block 105 - Referral Date (6 characters). This date reflects the date the client is accepted as a referral. Once established, the referral date will not change.

Block 106 - Referral Source (2 characters). Enter the appropriate 2-digit code to indicate the source of referral. The codes can be found on Form 721RX.

Block 107 - Primary Sponsor (2 characters). Enter the source which will directly pay the agency for the major part of the services rendered to the client; that is, indicate the source to which the agency submits a bill for services and from which it expects reimbursement. If the client is billed and remits payment, use code 0 (self and family) even though the client was being reimbursed by insurance or Workmen's Compensation. If payment is received directly from the insurance company, however, the code would be 1; if payment is received directly from Workmen's Compensation, the code would be 2 and so on. The codes are found on Form 721RX.

Block 108 - Last Name (16 characters). Enter the client's last name.

Block 109 - First Name (7 characters). Enter the client's first name.

Block 110 - Middle Initial (1 character). Enter the client's middle initial.

Block 111 - Street Address, Box or Route (20 characters). Enter the client's house number, street name, box or street number.

Block 112 - City (17 characters). Enter the name of the city of the client's residence.

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Block 113 - State (2 characters). Enter the 2-digit postal service abbreviation. (See page 24 for a complete listing of state codes.)

Block 114 - Zip Code (5 characters). Enter the appropriate Zip Code.

Block 115 - Telephone Number (10 characters). Enter the client's area code and phone number.

Block 116 - Previous or Maiden Name (16 characters). If the client is female, married or divorced, enter her previous or maiden name. If the client has been served previously by the agency under another name, enter this name.

Block 117 - Date of Birth (6 characters). Enter the client's date of birth (month, day, year).

Block 118 - Sex (1 character). Enter M or F designating male or female.

BLOCKS 119 THROUGH 139 WILL NOT BE COMPLETED AT THIS TIME.

Block 140 - Previous Closure, Within 36 Months, Indicator (1 character). Enter the appropriate indicator code: Y (Yes), N (No), or X (believed closed but information not available). If code X is entered a file search will be made for the proper information.

Block 141 - Status (2 characters). If the client has been closed from the agency within the past 36 months, enter the appropriate closure status (08, 26, 28 or 30).

Block 142 - Date (4 characters). Enter the date (month and year) the case was closed.

Block 143 - Disability as Reported (17 characters). Enter the description of the disability as reported at time of referral. It is recognized that the disability as first reported may not be the primary or secondary disabling condition as diagnosed, described and coded at the time the client completes the referral process.

Block 144 - Disability Code (2 characters). Enter the appropriate disability code. The codes can be found on pages 2 and 3 of this Manual.

Block 145 - Referral Outcome - Not Accepted: Reason (2 characters). If the client is not accepted for extended evaluation or rehabilitation services and is closed from either Status 00 (referral) or Status 02 (applicant), enter the appropriate code. The codes can be found on Form 721RX.

Block 146 - Referred To (2 characters). Enter the code which best describes to what organization or agency a client has been referred when he cannot be served by the agency. If it is not appropriate or possible to refer the client elsewhere, enter code 0. The same codes used to designate referral source will be entered for this item.

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Block 147 - Closure Date (6 characters). Enter the date of closure (month, day, year) if the client is not accepted for extended evaluation or rehabilitation services.

Block 148 - Accepted for Extended Evaluation (1 character). Enter an X if the client is accepted for extended evaluation.

Block 149 - Accepted for Rehabilitation Services (1 character). Enter an X if the client is accepted for rehabilitation services.

Block 150 - Cost to Agency (3 characters). This item should be completed only for clients closed from referral (00) or applicant (02) status. Enter the cost to the agency based on the number of manhours and other expenses required to make the determination of closure (08).

This represents the information items which must be completed to record a referral (Status 00) on Form 721RX. If additional information is available, a client can be entered as an applicant (Status 02) on Form 721RX at the time of initial intake. These requirements are described below.

DATA ENTRY REQUIREMENTS: STATUS 02 (APPLICANT). A client can be entered directly into the computer case file as an applicant (Status 02) if all the information items in Section I of Form 721RX can be completed by the agency staff at initial intake. At this time, Block 104 (Current Status) will be coded as 02.

NOTE: The following instructions are for entering a client not currently in the computer files as an applicant (Status 02) and not for moving a client from referral (00) to applicant (02) status. A client who is moved from referral to applicant status will have already been reported to the center on Form 721RX with all referral information items entered, and the agency will have received back a computer-produced copy of Form 721R with the referral information recorded. The agency will use this 721R form to move the client from referral to applicant status.

All of the information items found in Section I of Form 721RX must be completed to enter a client as an applicant. Many of them have been described previously for recording a referral. The following instructions are provided to complete the information items necessary to record an applicant.

Specific instructions for these items are:

Block 119 - Marital Status (1 character). Enter the appropriate code to indicate the client's marital status at time of referral. These codes can be found on Form 721RX. Persons in common-law marriages should be coded as "married" and persons whose only marriage had been annulled should be reported as "never married."

Block 120 - Number of Dependents (2 characters). Enter here the exact number of dependents the client claims. Dependents are persons for whom the individual, as recognized as the head of the household, has major responsibility for providing the essentials of daily living. However, if the client is not the head of the household, he would not have dependents. For example:

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- a) The family or household consists of a husband, wife, and two children, and the husband is the recognized head of the household.
 - 1) If the husband is the client, he has 3 dependents.
 - 2) If the wife is the client, she has zero dependents.
 - 3) If either or both children are clients, they have zero dependents.
 - 4) If husband and wife are clients, the husband has three, the wife zero dependents.
- b) The family consists of a woman (recognized as head of the household), supporting a child and the woman's mother, with no husband present, by court decree for separation or divorce, by death, by desertion, or because he is institutionalized.
 - 1) If the woman is the client, she has two dependents.
 - 2) If the child is the client, he has zero dependents.
 - 3) If the mother is the client, she has zero dependents.
 - 4) If the husband is the client, and by court order is responsible for the financial support of one or more of the above, he has zero dependents because he is not the recognized head of the household.

Block 121 - Total Number in Family (2 characters). Enter the number of persons in the family of which the individual is a member. This item should never be recorded as zero since the client will always be included in the family. "Family" is defined as those persons living in the same household who are related to one another by blood, marriage, or adoption.

Block 122 - Regular Education (2 characters). Enter the highest grade completed for clients educated under a regular educational system. If the client was not educated under a regular educational system and is not mentally retarded, an equivalent grade should be calculated. If the client is mentally retarded, code this item "XX".

Block 123 - Vocational Education (2 characters). Enter the number of years of vocational education received by the client. If the client has not received vocational education, enter a 0 in the block.

Block 124 - Weekly Earnings (3 characters). Enter the amount, to the nearest dollar, that the individual earned in the week prior to the date he was referred. If the client has no earnings, enter '0' in the space provided. Income as reflected in this item should include the gross earnings of the individual. If the amount exceeds \$999, enter 999.

Block 125 - Total Monthly Family Income (3 characters). Enter the amount, to the nearest dollar, of the monthly income of the family of which the client is a member. This item should be recorded for the month preceding the date of referral and gross income should be used. If there is no income, indicate this by marking '0'. If the family income is more than \$999, enter 999.

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Block 126 - Source of Support (1 character). Enter the one-digit code indicating the client's primary source of support. The primary source is simply his largest source, even if it is less than 50 percent. The general rule is that the support should be attributed to a particular source only when it relates directly to the individual, or he is directly involved. A common source of error in coding source of support involves assigning earnings of, or payments to, other household members as the source of support rather than "family and friends" which is the proper source to report. For example, a female client who is supported through the current earnings of her husband or by his unemployment insurance should be recorded for primary source of support as "family and friends" and not as "current earnings" or "unemployment insurance."

Block 127 - Work Status (1 character). Record the code of the activity which defines what the individual was actually doing during the week prior to referral. The codes and definitions for each are indicated below. Code Y, "Not available," is to be used only for those individuals with whom a personal contact could not be established or the information was not otherwise available.

Work Status - General Instructions. A person who did any work at all during the week (except when paid "in kind" or a trainee or worker in the non-competitive labor market) is to be classified in one of the first six categories (Codes 1 through 6). Any person not meeting this criterion should be classified as non-working (Codes 7 and 8) or as a trainee or worker in the non-competitive labor market (Code 9).

Codes 1 and 2 - Wage or Salaried Worker. A wage or salaried worker is an individual who did any work at all during the "week" for a private employer or for the government (federal, state, or local) for wages, salary, commission, type or piece rates. Not included in this category are persons working only for pay in kind (Code 8) or in any of the following groups: Work for one's self or in one's own business (Code 3); BEP work in State-Agency-Managed Business Enterprise (Code 4); homemakers (Code 5); work for which there was no wage or salary on a family farm or in a family business (Code 6); or volunteer work for Red Cross, church, and other nonprofit agencies; and unpaid work for a friend or relative (Code 8). For trainees or workers in the noncompetitive labor market, see Code 9.

Code 1 - Competitive Labor Market. This category refers to work for wages, salary, commissions, etc., as defined above, but does not include work in sheltered workshops. Code 1 includes wage earners on farms, but not sharecroppers or self-employed farmers (Code 3).

Code 2 - Sheltered Workshop. This category refers to all persons who work for wages or salary as defined above in a workshop conducted by a nonprofit organization which provides work under special conditions for physically or mentally handicapped individuals unable to enter or not ready for competitive employment. Workshops in which such activities are conducted are variously referred to as rehabilitation, community, curative, sheltered, industrial, or occupational workshops.

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Codes 3, 4, 5 and 6 - Workers Not Wage or Salaried. Classified under Codes 3 through 6 are those individuals who are working, but are not receiving a wage or salary.

Code 3 - Self-employed (except BEP). This category refers to work for profit or fees in one's own business, farm, shop, or office. Superintendents, foremen, managers, and other executives hired to manage a business or farm, officers of corporations, and salesmen working for a commission should not be classified under this code, but under Code 1. "Self-employed" includes sharecroppers, but not wage earners on farms.

Code 4 - State Agency-Managed Business Enterprises (BEP). This category refers to vending stands and other small businesses for the severely disabled under the management and supervision of a state agency. It includes home industry, farms, and other enterprises. Home industry refers to work performed under the management and supervision of a state agency in the client's own home or residence for wages or salary on a piece-rate, hourly, weekly, or monthly basis. Such employment may be engaged in by persons capable of activity outside the home as well as by homebound persons.

Code 5 - Homemaker. This category refers to persons (male or female) whose principal activity is keeping house for their families. Persons unable to perform any of their homemaking duties in the "week" should not be included here, but should be classified as "Not working: Other" (Code 8).

Code 6 - Unpaid Family Worker. This category refers to persons who work without pay on a family farm or in a family business operated by one or more members of their own family. Persons whose usual principal activity is unpaid family work who are unable to carry on any of these duties in the "week" should be classified as "Not working: Other" (Code 8).

Codes 7, 8 and 9 - Not Working. This includes students and all others not included in the "working" categories.

Code 7 - Student. This category refers to persons who are attending school in the "week" and cannot be classified in one of the preceding "working" categories.

Code 8 - Other. This category refers to persons not in the categories above. Examples include (a) persons just out of school who have been unable to get jobs; (b) persons unable to retain or obtain work; (c) persons not able to perform their homemaking duties; (d) persons confined in institutions, including places providing specialized medical care, homes for the aged, prisons and jails; and (e) persons receiving only pay "in-kind" (meals, lodging, etc.). Do not include those attending school in a home or specialized school for children (Code 7).

Code 9 - Trainee or Worker (Non-Competitive Labor Market). This category refers to persons who, although they may have received stipends during the "week" for work or services performed, were functioning essentially in a non-competitive environment. Code 9 should be used mainly for persons participating in work experience, work training, or work adjustment programs such as those sponsored by the Office of Economic Opportunity, the Department

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of Labor, and the Department of Health, Education, and Welfare. Those individuals employed in workshops or sheltered workshops should be coded "sheltered workshop worker" (Code 2).

Y - Not Available. This code is to be used when the information is not available.

Block 128 - Spanish Surname (1 character). Enter Y (Yes) or N (No) to indicate whether or not the client's surname is of Spanish origin. It is recommended that determining the origin of the surname be made by observation only. Questioning the client directly is not encouraged.

Block 129 - Race (1 character). Enter the appropriate one-digit code on Form 721RX. Information necessary to complete this item should be obtained by observation only. Eliciting information from the individual as to his racial identity is not encouraged. An individual should be included in the group to which he appears to belong, or is so regarded as belonging in the community. Included under "Other", Code 4, are Chinese, Japanese, and other persons not identifiable by one of the other codes. Under "Not Available," Code Y, should be included individuals with whom personal contact was not made, and the data were not otherwise available.

Block 130 - Public Assistance--Type (1 character). If the client is a recipient of Old Age Assistance (OAA), Aid to the Blind (ATB), Aid to the Permanently and Totally Disabled (APTD), Aid to Families with Dependent Children (AFDC), General Assistance (GA), or any combination of the above types, the proper code will be entered. If the client is not receiving public assistance, Code 0 will be entered. The appropriate codes are listed on Form 721RX.

Block 131 - Public Assistance--Monthly Amount (3 characters). Enter the total amount of the monthly payments made to or for the client and his dependents in the month preceding the date of arrival. Enter the actual dollar amount.

Block 132 - Time on Public Assistance (1 character). The appropriate code will be entered to reflect the length of time the client has been receiving public assistance. The appropriate codes are found on Form 721RX.

Blocks 133 - 137 -- Federal Programs. This series of items is to be used to identify clients with various Federal programs from which they may be receiving services or with which they may be associated.

Block 133 - Armed Forces Rejectee (AFR) (1 character). This block should be marked with an "X" if the client was between the ages of 17 and 26 and male at the time of referral, without regard to whether he was rejected at the local draft board or an Armed Forces Examining Station. A Selective Service classification of 4F or 1Y is sufficient to indicate an "AFR" identification.

Block 134 - Minor Medical Services (MMS) (1 character). Clients accepted as referrals from state vocational rehabilitation departments who were referred to them for minor medical services under the Manpower Development Training Act should be identified by entering an "X" in this block.

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Block 135 - Migratory Agricultural Worker (MAW) (1 character). Clients identified as being in a migratory agricultural workers project should be indicated by entering an "X" in this block.

Block 136 - Public Offender (PO) (1 character). Clients identified as public offenders should have an "X" entered in this block. For purposes of reporting, a public offender must have been convicted (or "adjudicated" in the case of a juvenile) of a public offense and this offense (and history of previous offenses) is considered to be a significant contributing factor to his inability to obtain or retain suitable employment.

Block 137 - Work Incentives Program (WIN) (1 character). This block should be marked with an "X" if the client was identified with the WIN program, regardless of individual payment or funding arrangements.

Block 138 - Age at Onset (2 characters). Enter the age of the client at onset of the disability. If the client has a congenital disability, Code 0 should be used.

Block 139 - SSDI Status (1 character). Enter the appropriate one-digit code from the list of codes provided on Form 721RX. The code will reflect the most current applicant status of the individual. This information can generally be obtained from the client himself at the time of the initial interview.

This completes the information requirements for recording an applicant (Status 02) into the computer case files. Upon receipt of Form 721RX, the center will record the information and return to the agency a computer-produced copy of Form 721R with the appropriate data printed on it. Future changes, updates, or revisions will be transmitted to the data processing center on Form 721R.

NOTE: The agency should complete Blocks 145-147 and Block 150 if the applicant is not accepted for rehabilitation services, just as in the case of a referral not accepted for rehabilitation services. Blocks 148-149 should also be completed if the applicant is accepted for extended evaluation or rehabilitation services.

SECTION II - SERVICES TO CLIENTS

Section II of Form 721R serves to record dollar costs of services and units of service received by the client. These figures should be kept on a current basis in order to minimize reporting errors. When Section II (lines E through I) has been completed, or at three month intervals from the date of referral, Form 721R should be forwarded to the center to update the client's case record. A computer-produced copy of the form will then be returned to the agency with the updated information recorded. In this manner the agency can maintain a current accounting of the cost of services rendered to each client.

NOTE: A client who receives services from the agency will have been reported to the center as an applicant (Status 02) on Form 721RX or 721R. All information in Section I - Recording a New Case will have been completed prior to recording the client as receiving services from the agency. In the event the client is put into extended evaluation (Status 04) for diagnosis and evaluation to determine employment potential, he can be moved to an In-Service status (14, 16, 18) from Status 04.

Following are the instructions for completing Section II - Services to Clients.

Block 103 - Action Code (1 character). Action Code 2 should be entered to indicate an update.

Block 104 - Current Status (2 characters). Enter the status of the client with the applicable 2-digit code.

Blocks 151-152 - Primary Disability and Code (17-2 characters). Enter the description and code of the diagnosed primary disability. Descriptions and codes are found on pages 2 and 3 of this Manual.

Blocks 153-154 - Secondary Disability and Code (17-2 characters). Enter the description and code of the diagnosed secondary disability. Descriptions and codes are found on pages 2 and 3 of this Manual.

Block 155 - Multiple Disabilities (1 character). Enter the exact number of disabilities which have been confirmed by diagnosis, not including the primary and secondary disabilities indicated above.

Blocks 156-157 - Vocational Objective and D.O.T. Code (19-4 characters). Enter the vocational objective as determined by the evaluation of employment potential, community needs and services which can be provided by the agency. It is possible that during the course of the rehabilitation process an adjustment or revision of the vocational objective becomes apparent to the professional staff of the agency. At this time, the vocational objective can be revised and reported to the computer center. Use the first four (4) digits of the current D.O.T. code structure to enter the vocational code.

SPECIFIC SERVICES TO CLIENTS

The cost of service is to be indicated for each service that is provided directly by the agency or arranged for by the agency to be provided by another source. In many instances, the costs of rendering a particular service or series of services are reimbursed or provided to the agency by a third party (State DVR, insurance, etc.) or paid directly by the client. Five cost-arrangement indicators have been developed to describe these different cost arrangements. The appropriate one-digit cost arrangement code should be placed in the block marked "IND" when entering the dollar cost of the service.

The codes to be used are presented below:

1. Total cost assumed by agency
2. Pre-paid Fee
3. Total Cost Reimbursed or Paid to Agency
4. Cost Divided Between Agency and Other Party
5. Other Arrangement

The unit of service is to be recorded also wherever appropriate. The following descriptions and definitions of rehabilitation services indicate the correct unit of service to record if the client receives that particular service. In some instances, the unit of service is not appropriate and is therefore not indicated.

EVALUATION (Blocks 158-169)

This category includes diagnostic and evaluation services required to determine employment potential or to ascertain the nature and scope of rehabilitation services needed. Services provided to a client while in extended evaluation (Status 04) should be recorded in the actual service category, i.e., Physical Therapy, Homemaker Services, etc.

Blocks 158-160 - Psychological Evaluation - Unit - Indicator (4-3-1 characters).

Included is evaluation to ascertain the various psychological factors influencing the client's rehabilitation potential. Enter the amount of expenditures and the number of hours of service received by the client.

Blocks 161-163 - Medical Evaluation - Unit - Indicator (4-3-1 characters).

Included is evaluation to ascertain the medically-related factors which influence the rehabilitation potential of the client. Enter the amount of expenditures and the number of hours of service received by the client.

Blocks 164-166 - Vocational Evaluation - Unit - Indicator (4-3-1 characters).

Included in this service are work-oriented evaluation techniques to determine the highest level of functioning including work potential, learning capacity, skills and interests. Enter the amount of expenditure and the number of hours of service received by the client.

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Blocks 167-169 - Other Evaluation - Unit - Indicator (4-3-1 characters).

Included are other evaluation services not described above to determine the rehabilitation potential of the client. Enter the amount of expenditures and the number of hours of service received by the client.

PHYSICAL AND MENTAL RESTORATION (Blocks 170-197)

This category includes medical and medically-related services which are necessary to correct or substantially modify a physical or mental condition.

Blocks 170-172 - Physical Therapy - Unit - Indicator (4-3-1 characters).

Included are medically-prescribed treatments of disease or injury under the supervision of a registered and licensed physical therapist to achieve the maximum physical capacities of the client. Enter the amount of expenditure and the number of hours of service received by the client.

Blocks 173-175 - Occupational Therapy - Unit - Indicator (4-3-1 characters).

Included are medically-prescribed activities by a registered occupational therapist to aid the client in developing his vocational potential and his capacity for daily living. Enter the amount of expenditure and the number of hours of service received by the client.

Blocks 176-178 - Speech and Hearing Therapy - Unit - Indicator (4-3-1 characters).

Included are rehabilitative services provided by a professional, certified therapist. Enter the amount of expenditure and the number of hours of service received by the client.

Blocks 179-181 - Medical Services - Unit - Indicator (4-3-1 characters).

Included are services provided by a licensed physician who can give professional medical services to clients. These may include medical examinations, treatment for illness or injury, etc. Enter the amount of expenditure and the number of hours of service received by the client.

Blocks 182-184 - Psychological Services - Unit - Indicator (4-3-1 characters).

Included are professional psychological services such as counseling on problems of personal adjustment to the client, family, and community; counseling of the family in its role in the rehabilitation program of the client, etc. Enter the amount of expenditure and the number of hours of service received by the client.

Blocks 185-187 - Nursing Services - Unit - Indicator (4-3-1 characters).

Included are nursing services such as treatment of clients, dispensing of prescription medicines under a doctor's instruction, etc. Enter the amount of expenditure and the number of hours of service received by the client.

Blocks 188-190 - Dental Services - Unit - Indicator (4-3-1 characters).

Included are services provided by a licensed dentist who can give professional dental services to clients. Enter the amount of expenditure and the number of hours of service received by the client.

Blocks 191-193 - Social Services - Unit - Indicator (4-3-1 characters).

Included are casework services provided by a trained social worker. Social services deal primarily with personal counseling, family relationships, housing, financial problems, etc. Enter the amount of expenditure and the number of hours of service received by the client.

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Blocks 194-195 - Medication - Indicator (4-1 characters). Included are prescription and non-prescription medicines and drugs purchased for a particular client for his individual needs. Enter the amount of expenditure for medication.

Blocks 196-197 - Prosthetic Appliances - Indicator (4-1 characters). Included are the purchase of, fitting of, and repair and maintenance of, prosthetic appliances for a particular client for his individual use. Enter the amount of expenditure for prosthetic appliances.

TRAINING (Blocks 198 - 215)

This category includes services provided to train or retrain clients in vocational skills to achieve their highest vocational potential. This is accomplished by instruction, supervision, demonstration and consultation.

Blocks 198-200 - Work Adjustment - Unit - Indicator (4-3-1 characters). Included are work-oriented tasks designed to achieve the fullest possible development of an ability to work. Areas of work adjustment training include work conditioning, work tolerance, personal and social adjustment, attitude development, and work habits development. Enter the amount of expenditure and the number of hours of service received by the client.

Blocks 201-203 - Vocational Skill Training - Unit - Indicator (4-3-1 characters). Included are actual training or retraining of the client in vocational skills in a rehabilitation setting. This service may be provided within the rehabilitation agency or in an on-the-job setting. Enter the amount of expenditure and the number of hours of service received by the client.

NOTE: Included in the costs of provided vocational skill training are wages paid to the client while learning the skills necessary to perform the job. If the client remains on the same job when the training program has been completed, the wages paid should not be included in the cost of providing this service. The client, under these circumstances, should be considered an employee and would no longer be receiving training services from the agency.

Blocks 204-206 - College or University - Unit - Indicator (4-3-1 characters). Included are services provided by a college or university leading to an associate, bachelor, or graduate degree. Enter the amount of expenditure and the number of hours of course work (semester or quarter) during which the client attended the college or university.

Blocks 207-209 - Business School or College - Unit - Indicator (4-3-1 characters). Included is training to prepare a client for an occupation in some area of business. Skills obtained may include typing, accounting, bookkeeping, etc. Any school offering a degree (Bachelor of Arts, Bachelor of Science) in business or related fields should be included under "College or University." Enter the amount of expenditure and the number of course hours (semester, quarter, etc.) during which the client attended the business school or college.

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Blocks 210-212 - Vocational School - Unit - Indicator (4-3-1 characters).

Included is training in a vocational school or other technical school to prepare a client for an industrial occupation by providing him with a trade. Skills may include welding, woodworking, television repair, electrical wiring, etc. Enter the amount of expenditure and the number of hours (semester, quarter, etc.) during which the client attended the vocational school.

Blocks 213-215 - Miscellaneous Training - Unit - Indicator (4-3-1 characters).

Included are training services not described above which provide the client with vocational skills. Enter the amount of expenditure and the number of hours of service received by the client.

MAINTENANCE (Blocks 216-225)

This category includes services provided to a client which cover basic living expenses so that he can derive full benefit from other rehabilitation services provided.

Blocks 216-217 - Housing - Indicator (4-1 characters). Included are the costs of shelter, lodging or dwelling space purchased or provided for a particular client for his individual needs. Enter the amount of expenditure for this service.

Blocks 218-219 - Food - Indicator (4-1 characters). Included are the costs of food allowances or actual purchases of food for a particular client. Enter the amount of expenditures for this service.

Blocks 220-221 - Transportation - Indicator (4-1 characters). Included are the costs of transporting a particular client from one place to another for any purpose; e.g., training, entertainment, examination, employment, etc. Enter the amount of expenditure for this service.

Blocks 222-223 - Clothing - Indicator (4-1 characters). Included are the costs of all items of apparel purchased or provided for a particular client for his individual use. Enter the amount of expenditure for this service.

Blocks 224-225 - Wage Supplements - Indicator (4-1 characters). Included are the costs of any monies paid to an individual client which is not for services performed or related to paid work activities. Enter the amount of expenditure for this service.

RELATED SERVICES (Blocks 226-248)

Included in this category are all other services provided to a client which will permit him to fully benefit from the total rehabilitation process.

Blocks 226-227 - Materials - Indicator (4-1 characters). Included are the costs of all materials purchased or provided to the client for his individual use. These materials include prosthetic supplies, furniture, tools, craft supplies, production materials, etc. Enter the amount of expenditure for these items.

CLIENT RECORD SYSTEM MANUAL

Blocks 228-230 - Placement Services - Unit - Indicator (4-3-1 characters).

Included are services providing pre-placement preparation, counseling, actual placement, follow-up and supportive services for clients entering competitive employment or sheltered employment. Enter the amount of expenditure and the number of hours of service received by the client.

Blocks 231-233 - Recreation and Social Activities - Unit - Indicator (4-3-1 characters).

Included are activities which provide a structured recreational program which may include planned recreational and social activities at the agency or away from the agency. Enter the amount of expenditure and the number of hours of service, if applicable, received by the client.

Blocks 234-236 - Homemaker Services - Unit - Indicator (4-3-1 characters).

Included are services paid for or provided to a particular client's family for the maintenance, care and supervision of the client. Enter the amount of expenditure and the number of hours, if applicable, of service received by the client.

Blocks 237-239 - Day Care Services - Unit - Indicator (4-3-1 characters).

Included are services providing a structured daily care and activities program for children and adults, including nursery services. Enter the amount of expenditure and the number of hours, if applicable, of service provided to the client.

Blocks 240-242 - Work Activity Services - Unit - Indicator (4-3-1 characters).

Included are services providing a separated department having an identifiable program to provide therapeutic activities for handicapped clients whose physical or medical impairments are so severe as to make their productive capacity inconsequential. Work activities services must comply with the regulations of the U.S. Department of Labor regulations, part 525.2(c) concerning productive and earning tests. Enter the amount of expenditure and the number of hours, if applicable, of services received by the client.

Blocks 243-245 - Educational Services - Unit - Indicator (4-3-1 characters).

Included are services providing structured classroom situations of academic work under the direction of a licensed or certified teacher. Enter the amount of expenditure and the number of hours, if applicable, of service received by the client.

Blocks 246-248 - Other Services - Unit - Indicator (4-3-1 characters). Included are rehabilitation services which are not properly included in one of the definitions above. Enter the amount of expenditure and the number of hours, if applicable, of service received by the client.

Block 249 - TOTAL COST OF SERVICES (5 characters). Enter the sum of all expenditures for services provided to the client.

Block 250 - AMOUNT REIMBURSED OR PAID TO AGENCY (5 characters). Include the sum of service costs which were entered in Section II with arrangement codes "2" (Pre-paid fee) or "3" (Total cost reimbursed or paid to agency). This sum, when subtracted from the "Total Cost of Services," gives the agency an indication of the approximate cost of providing rehabilitation services to a particular client.

SECTION III - CLOSURE - Form 721R

Upon completion of all services from the agency and at the time of closure of the client from the agency rolls, Section III is to be completed and forwarded to the center on Form 721R for the final update of the client's case record. A final computer-produced copy of the form will then be returned to the agency for the client's permanent case folder. Any changes or revisions of Section I and/or Section II must be made on the final copy before sending it to the computer center.

If a client has been accepted for rehabilitation services (statuses 14, 16, or 18), he will be closed in one of the following statuses: 26, 28 or 30. However, if a client has been placed in extended evaluation (Status 04) and (a) has received diagnostic services from the agency, but (b) has not been accepted for rehabilitation services, he will be closed in Status 08.

The instructions for completing Section III are:

Block 103 - Action Code (1 character). Enter action code 2 indicating a revision or update.

Block 104 - Current Status (2 characters). Enter the current status of the client.

Block 251 - Closure Status (2 characters). Enter the client's status (08, 26, 28, or 30) at the time of closure. In order to close a client in status 26 (Rehabilitated), he must have been successfully employed for a period of 30 work days prior to closure. This fact must be confirmed by appropriate follow-up by agency staff.

Block 252 - Reason for Closure (2 characters). Enter the appropriate code to indicate the reason for closure. When a client is closed in Status 26, this item need not be completed. The codes are listed on Form 721RX and are the same used for item 145 - Reason.

Block 253 - Work Status (1 character). Enter the appropriate code that describes what the client was actually doing during the week prior to the time his case was closed from extended evaluation or the active caseload. Code Y, "Not Available," is to be used for persons closed from extended evaluation (Status 08) or as not rehabilitated (Status 28 or 30) when the correct code cannot be ascertained. Codes 7 and 8 (not working), code 9 (trainee or worker) or code Y (not available) may not be used for a person closed rehabilitated (Status 26).

Block 254 - Weekly Earnings (3 characters). Enter the weekly earnings of the client to the nearest dollar in the week before closure for clients closed from extended evaluation or the active caseload. If the client has no earnings, enter 0 in the space provided; enter Y if not available (Statuses 08, 28 and 30, only).

CLIENT RECORD SYSTEM MANUAL

Block 255 - Public Assistance Type (1 character). If the client has been previously defined to be a public assistance recipient at referral or has begun receiving public assistance during the rehabilitation process, enter the code for type of public assistance.

Block 256 - Monthly Amount (3 characters). Enter the monthly dollar amount of public assistance the client is receiving per month, at closure. If none, enter "0". Enter "Y" if not available (Statuses 08, 28 and 30, only).

Block 257 - Termination Date (4 characters). If the client has received public assistance and the public assistance has terminated during the life of the case, enter the month and year. Leave blank if public assistance is not available, still being received, or has never been received.

Block 258 - SSDI Status (1 character). Enter the appropriate code. This item should be completed for all clients closed from extended evaluation (Status 08) or the active caseload (Statuses 26, 28 or 30).

Blocks 259-260 - Occupation and Code (17-4 characters). Enter the client's occupational title and D.O.T. code at closure. If the client is self-employed or has several employers, enter "self-employed"; if the client is not employed (Status 08, 28 or 30), leave the item blank.

Block 261 - Employer - Name (15 characters). Enter the client's employer's name or company. If the client is self-employed, enter "Self-Employed."

Block 262 - Employer - Address (18 characters). Enter the address of the client's employment. If the client is self-employed or a homemaker, leave address blank.

Block 263 - Employer - City (15 characters). Enter the name of the city in which the client's employment is located.

Block 264 - Employer - State (2 characters). Enter the appropriate 2-digit code for the state where the client's employment is located.

Blocks 265-292 - Status History - Codes and Date (2-6 characters). These items will be entered by the agency staff at the time of closure. The appropriate status codes and effective dates of the status changes should be entered sequentially as the client changes statuses through the rehabilitation process. The agency staff may wish to record status changes as they occur during the process of moving a client through the various steps of the rehabilitation process. This is acceptable for reporting purposes.

CLIENT RECORD SYSTEM MANUAL

APPENDIX 1

STATE CODES

Alabama.....AL	Kentucky.....KY	Ohio.....OH
Alaska.....AK	Louisiana.....LA	Oklahoma.....OK
Arizona.....AZ	Maine.....ME	Oregon.....OR
Arkansas.....AR	Maryland.....MD	Pennsylvania.....PA
California.....CA	Massachusetts.....MA	Puerto Rico.....PR
Colorado.....CO	Michigan.....MI	Rhode Island.....RI
Connecticut.....CT	Minnesota.....MN	South Carolina.....SC
Delaware.....DE	Mississippi.....MS	South Dakota.....SD
District of Columbia.....DC	Missouri.....MO	Tennessee.....TN
Florida.....FL	Montana.....MT	Texas.....TX
Georgia.....GA	Nebraska.....NE	Utah.....UT
Guam.....GU	Nevada.....NV	Vermont.....VT
Hawaii.....HI	New Hampshire.....NH	Virginia.....VA
Idaho.....ID	New Jersey.....NJ	Virgin Islands.....VI
Illinois.....IL	New Mexico.....NM	Washington.....WA
Indiana.....IN	New York.....NY	West Virginia.....WV
Iowa.....IA	North Carolina.....NC	Wisconsin.....WI
Kansas.....KS	North Dakota.....ND	Wyoming.....WY

USER SYSTEM - CLIENT RECORD FORM 721RX

A	Soc Sec No			Case Number			Act Code	Curr Stat	Ref Date			Ref Src	Prim Spon	Client Name													
	101			102			103	104	105			106	107	108													
B	Street Address, Box or Route						City						State		Zip Code		Phone Number				Previous or Maiden Name						
	111						112						113		114		115				116						
C	Date of Birth			Sex	Mar Stat	No of Dep	Tot No in Fam	Education		Weekly Earn	Tot Mo Inc	Src Supp	Work Stat	Spn Sur	Race	Public Ass't			Federal Programs				Age at Onset				
	Mo	Day	Yr					Reg	Voc							Type	Mo	Amt	Time	AFR	MMS	MAW	PO	WIN			
	117			118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138			
D	SSDI Stat	Previous Closure				Disability as Reported						Ref Outcome				Not Accepted				Accepted for				Cost to			
		Ind	Stat	Mo	Yr	Description						Code				Reas				Ref to				Mo			
	139	140	141	142	143						144	145	146	147				148	149	150							

ACTION CODE: (Block 103)

- 1 New case, not previously recorded
- 2 Revision, update or adjustment

REFERRAL SOURCE: (Blocks 106 and 146)

- 01 Schools and Educational Institutions
- 02 State Department of Vocational Rehabilitation
- 03 State Agency for the Blind
- 04 Hospitals, Sanitoriums and Clinics
- 05 Other Health Agencies--Public and Private, e.g., public health nurses, visiting nurses associations, Veterans Administration facilities, etc.
- 06 Private Physician
- 07 Workmen's Compensation (State or Federal)
- 08 Public Assistance--Welfare
- 09 Employment Services (State or Federal)
- 10 Self, Family, or Friends
- 11 Insurance Companies
- 12 Employees and Trade Labor Unions
- 13 Social and Family Service Agencies
- 14 Other Governmental Agencies (Federal, State and Local) and Public Officials
- 15 Churches and Religious Institutions
- 19 Other

PRIMARY SPONSOR: (Block 107)

- 0 Self or Family
- 1 Insurance--Health Plans
- 2 Workmen's Compensation
- 3 State DVR--Blind Agency
- 4 Public Assistance
- 5 Medicare
- 6 Associations-Foundations-Charities-Funds
- 7 State Employment Agency
- 8 Free
- 9 Other

SEX: (Block 118)

- M Male
- F Female

MARITAL STATUS: (Block 119)

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never Married

SOURCE OF SUPPORT: (Block 126)

- 1 Own earnings
- 2 Family and friends
- 3 Public Assistance
- 4 Social Security
- 5 Workmen's Compensation
- 6 Unemployment Benefits
- 7 Private Insurance
- 9 Other

WORK STATUS: (Block 127)

- 1 Wage or Salaried Worker--Competitive Labor Market
- 2 Wage or Salaried Worker--Sheltered Workshop
- 3 Self-Employed (except BEP)
- 4 State Agency-Managed Business Enterprise (BEP)
- 5 Homemaker
- 6 Unpaid Family Worker
- 7 Not Working--Student
- 8 Not Working--Other
- 9 Trainee or Worker (Non-Competitive Labor Market)
- Y Not Available (08, 28, and 30 only)

RACE: (Block 129)

- 1 White
- 2 Negro
- 3 Indian
- 4 Other

PUBLIC ASSISTANCE-TYPE: (Block 130)

- 0 None
- 1 Old Age Assistance (OAA)
- 2 Aid to the Blind (ATB)
- 3 Aid to the Permanently and Totally Disabled (APTD)
- 4 Aid to Families with Dependent Children (AFDC)
- 5 General Assistance Only
- 6 AFDC in Combination with Other Type(s)
- 7 Any Combination with Other Type(s)
- 8 Type(s) Not Known

PUBLIC ASSISTANCE-TIME: (Block 132)

- 0 Not Receiving Public Assistance
- 1 Less than Six Months
- 2 Six Months but less than One Year
- 3 One Year but less than Two
- 4 Two Years but less than Three
- 5 Three Years but less than Four
- 6 Four Years but less than Five
- 7 Five Years or more
- Y Not Available

SSDI STATUS: (Block 139)

- 1 Applicant--Allowed Benefits
- 2 Applicant--Denied Benefits
- 3 Applicant--Status of Applicant Pending
- 4 Not Known if Applicant
- 5 Benefits Discontinued or Terminated

REASON NOT ACCEPTED: (Block 145)

- 01 Unable to locate or moved
- 02 Handicap too severe
- 03 Refused services or further services
- 04 Transfer or referral to State DVR or blind agency for services
- 05 Transfer or referral to another agency for services
- 06 Insufficient funds from funding source
- 07 Client institutionalized
- 08 Failure to cooperate
- 09 Chronic absenteeism
- 10 Death
- 11 Illness or hospitalization
- 12 Lack of appropriate transportation
- 13 Lack of motivation
- 19 Other

Counselor _____ Effective Date _____

USER SYSTEM - CLIENT RECORD FORM 721R

A Soc Sec No			Case Number			Act Code	Curr Stat	Ref Date			Ref Ssn	Prim Spon	Client Name						
								Mo	Day	Yr			Last First M I						
101			102			103	104	105			106	107	108			109	110		
B Street Address, Box or Route						City				State		Zip Code		Phone Number		Previous or Maiden Name			
111						112				113		114		115		116			
C Date of Birth			Mar	No of	Tot No	Education	Weekly	Tot Mo	Src of	Work	Spn	Public Ass't			Federal Programs			Age at	
Mo	Day	Yr	Stat	Dep	In Fam	Reg	Voc	Earn	Fam Inc	Supp	Stat	Sur	Race	Type	Mo	Amt	Time	AFR	
117			118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134
D SSDI			Previous Closure			Disability As Reported				Ref Outcome--Not Accepted		Accepted for		Federal Programs			Age at		
Stat	Ind	Stat	Mo	Yr	Description				Code		Reas	Ref to	Mo	Day	Yr	Eval	Rehab	Cost to	
139			140	141	142	143				144	145	146	147			148	149	150	
E Primary Disability					Code		Secondary Disability					Code		Multi-Dis		Vocational Objective			D.O.T. Code
151					152		153					154		155		156			157
F Psych Eval		Med Eval		Voc Eval		Other Eval		Phys Ther		Occup Ther		Speech & Hearing		Med Services					
Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit
158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177
G Psych Services		Nursing Svcs		Dental Svcs		Social Svcs		Medication		Pros Appl		Work Adjustment		Voc Skill Trng		Coll /Univ			
Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit
182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201
H Bus Sch/Coll		Voc School		Misc Training		Housing		Food		Trans		Clothing		Wage Supp		Materials		Placement Svcs	
Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit
207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226
I Rec/Soc Act		Homemaker Svcs		Day Care Svcs		Work Act Svcs		Educa Services		Other Services		Total Cost		Amount					
Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit	Ind	Cost	Unit
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250
J Clos Stat		Reason Work		Weekly		Public Assistance		SSDI		Occupation		D.O.T. Code							
Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat	Stat
251	252	253	254	255	256	257	258	259			260								
K Name or Company						Street Address						City						State	
261						262						263						264	
L STATUS HISTORY																			
Code	Mo	Day	Yr	Code	Mo	Day	Yr	Code	Mo	Day	Yr	Code	Mo	Day	Yr	Code	Mo	Day	Yr
265	266	267	268	269	270	271	272	273	274	275	276	277	278						
M																			
Code	Mo	Day	Yr	Code	Mo	Day	Yr	Code	Mo	Day	Yr	Code	Mo	Day	Yr	Code	Mo	Day	Yr
279	280	281	282	283	284	285	286	287	288	289	290	291	292						

Counselor _____ Effective Date _____

APPENDIX II

WORKSHEET AND INSTRUCTION MANUAL ON HOW TO
COMPUTE SERVICE COSTS AND UNITS OF SERVICE

INSTRUCTIONS FOR COMPLETING PART II - SERVICES TO CLIENTS

The financial information required to complete Part II of Form 721R-- Services to Clients can be obtained by keeping accurate records of services rendered to clients. This process can be simplified through the use of the accompanying instructions and worksheet which deal with computation of costs and determination of units of service.

It is recommended that the worksheet be completed on a weekly basis for each client receiving services from the facility. A worksheet should be included in the client's case folder so that entries can be made by the counselor and/or other staff working with the client. When the client completes the rehabilitation process or is terminated from the program, cost data and units of service should be transferred from the worksheets to Form 721R and this form can be forwarded to the Data Processing Center to update the client's file. The worksheets can be retained in the client's folder as part of the permanent record or they can be discarded once the information is transferred to Form 721R.

A. DESCRIPTION OF THE WORKSHEET

SERVICE CATEGORIES - The categories of service on the worksheet are identical to those listed on Form 721R. Block numbers on the worksheet refer to specific blocks where the services are located on Form 721R. A complete description of each category of service can be found in the Client Record System Manual, pages 17-21.

EXPENSE CATEGORIES - Six expense categories are listed on the worksheet to allocate the actual service costs to the proper source of the expense.

1) Salaries to Professional Staff -- Included in this category are costs of salaries paid to those employees of the facility, either part-time or full-time, who have a vocation generally recognized by universities and colleges as requiring

special training leading to a degree (distinct from the usual degrees in arts and sciences), requiring principally mental rather than manual or artistic labor or skills for its successful production, recognizing the duty of public service, and having a code of ethics generally accepted as binding upon its members (psychologists, social workers, therapists, counselors, etc.). Senior staff or executive staff members who exercise professional skills in their contacts with clients and who are rendering direct service to clients should also be included in this expense category. Fringe benefits for professional staff members should not be included in the costs of salaries.

2) Salaries or Wages to Supervisory Staff -- Included are costs of salaries or wages paid to employees who spend the majority of their time in training or supervision of others, but are not part of the senior staff or do not qualify as professional staff. Fringe benefits for supervisory staff members should not be included in the costs of salaries or wages.

3) Wages to Clients -- Included are the costs of salaries or wages paid to clients for their productive efforts while undergoing evaluation, treatment, work adjustment, training, or other rehabilitation services. Fringe benefits for clients should not be included in the costs of salaries or wages.

NOTE: The definition of a client is: Any person needing evaluation, training, treatment, or placement services in a workshop or rehabilitation facility.

4) Professional Fees -- Included are the costs of fees and expenses of professional practitioners and consultants whose services, purchased in whole or in part, are for a particular client or patient for his individual needs. This category of expenses includes only those fees from professionals who are not members of rehabilitation facility staff.

5) Testing Fees -- Included are the costs of tests, testing technicians, testing fees and test analyses purchased in whole or in part for a particular client or patient. This category includes only those testing fees from technicians who are not members of the rehabilitation facility staff.

6) Other Expenses -- Included are expenses such as cost of equipment, medicine, prosthetic appliances, food, clothing, etc., purchased in whole or in part for a particular client or patient and which cannot be placed in one of the other specific expense categories.

When an expense is incurred for a particular client, the first step in properly recording the cost is to determine to which of the service categories the expense should be attributed. After this determination, it is necessary to record the cost under the appropriate expense category which best describes the nature of the service cost. This process continues until the client has completed the rehabilitation process or is otherwise terminated from the program.

B. COMPUTATION OF SERVICE COST

The procedures for computing service costs vary according to the nature of the expense. In general, the determination of wages to clients, professional fees and testing fees involve usual accounting procedures, i.e., computing the costs from payroll records and from invoices and bills from professionals for services rendered to clients. The determination of costs which involve salaries to professional staff and salaries or wages to supervisory staff require somewhat different procedures and techniques. Each of the expense categories is discussed below with appropriate examples to illustrate the step-by-step procedures for computing service costs.

1) Salaries to Professional Staff -- The very nature of the term "professional" implies that services are rendered to clients on an individualized basis. Physicians, social workers, physical therapists, etc., generally provide services during treatment, evaluation, or counseling sessions which are often scheduled in advance.

NOTE: The amount of time which the professional spends with the client is the basis for determining the cost of the professional services rendered to that particular client.

When the professional is a salaried member of the staff, the first step in

computing the cost of services he provides to a client is to determine the hourly rate that the professional receives in salary. Assuming a 40-hour work week and a 52-week work year, one man-year of work totals 2080 hours. It is a simple procedure to divide the annual salary by 2080 hours to obtain the professional's hourly rate of pay. For example, a physical therapist whose annual salary is \$9,360 receives \$4.50 an hour in salary ($\$9,360 \div 2080 = \$4.50$ per hour).

The second step requires that each professional staff member maintain an accurate record of the amount of time he or she spends directly working with the client in a professional capacity (counseling, instructing, testing, evaluating, etc.). It is recommended that units of time be recorded in hours and quarters of hours. The professional should also record the amount of time spent in providing indirect service to the client. Indirect service, as opposed to direct service, does not involve personal contact with the client. Examples of indirect service include the staff psychologist discussing with the occupational therapist about a client's emotional problems, or a social worker discussing with the client's immediate family about possible work-related problems that may occur when the client enters competitive employment. Analysis and evaluation of reports, report writing concerning particular clients and other related activities are also part of the indirect services rendered to clients.

The final step in the process requires that the number of hours of direct and indirect service be added together to obtain the total number of hours of service provided to the client. This figure is then multiplied by the hourly rate of pay to obtain the total cost of services rendered by the professional staff member.

GROUP ACTIVITIES

In the event that several clients receive services from a professional in a group setting, it is necessary to modify step one in the computation of costs. The hourly rate of pay is determined as before ($\text{annual salary} \div 2080 \text{ hours}$).

This hourly rate is then divided by the number of clients in the group and the resulting dollar figure is multiplied by the number of hours of service received by the client in the group situation. It should be evident that these procedures for computing costs in a group setting can only be applied when the professional is dealing directly with the client, i.e., direct service. Because of the variety found among service delivery systems, it may be necessary to modify these guidelines to fit different or unique situations. The following examples will illustrate how these guidelines can be used to determine cost data for clients when the services are provided by professionals on the facility staff.

Example 1 -- During the work week, Client A has received three sessions of physical therapy, each session lasting approximately 45 minutes. In addition, the vocational counselor has spent two hours with Client A in a counseling-interaction regarding the development of sound work habits and has spent approximately 1½ hours with the physical therapist discussing Client A's progress. What are the costs of these services provided by the professional staff during the work week?

The physical therapist has an hourly rate of \$4.50 ($\$9,360 \div 2080$ hours) and for the vocational counselor it is \$4.00 per hour ($\$8,320 \div 2080$ hours). After determining these hourly rates, the next step requires that the number of hours of direct and indirect service be computed for each professional.

	<u>Direct</u>	<u>Indirect</u>	<u>Total Hours</u>
Physical Therapist at \$4.50:	2 Hrs 15 Min	1 Hr 30 Min	3 Hrs 45 Min
Vocational Counselor at \$4.00:	2 Hrs	1 Hr 30 Min	3 Hrs 30 Min

The final step involves multiplying the hourly rate by the number of hours and fractions thereof of service provided by the professional.

Physical Therapist: $\$4.50 \times 3 \frac{3}{4}$ Hrs = \$16.88

Vocational Counselor: $\$4.00 \times 3 \frac{1}{2}$ Hrs = \$14.00

(It is recommended that the resulting dollar figures be rounded to the nearest dollar. Therefore, the \$16.88 is recorded on the worksheet as \$17.00.)

The \$17.00 cost would be recorded in the service category "Physical Therapy" and under the expense category "Salaries to Professional Staff." The \$14.00 cost would also be entered under "Salaries to Professional Staff", but in the service category "Work Adjustment".

Example 2 -- The staff psychologist has decided that group therapy would be the most effective treatment for Client B. During the work week, the psychologist has held two group sessions with Client B, each session lasting one hour with four clients at the first session and three at the second. At the conclusion of the second group session, Client B was individually counseled by the psychologist for approximately one half hour.

The staff psychologist has an annual salary of \$13,520. His hourly rate is \$6.50 ($\$13,520 \div 2080$ hours). The second step requires that the number of hours and fractions thereof be distributed between direct and indirect service. In this example, all of the service was provided directly to the client. Because Client B received services in a group setting, it is necessary to divide the psychologist's hourly rate by the number of clients in the group to obtain an accurate cost per hour of service.

Session 1: $\$6.50/\text{Hr} \div 4 \text{ clients} = \$1.63/\text{Client Hour}$

Session 2: $\$6.50/\text{Hr} \div 3 \text{ clients} = \$2.17/\text{Client Hour}$

The computation can now be made regarding the total cost of services for Client B.

Psychologist at $\$1.63 \times 1 \text{ hour} = \$1.63$

Psychologist at $\$2.17 \times 1 \text{ hour} = \$2.17$

Psychologist at $\$6.50 \times \frac{1}{2} \text{ hour} = \underline{\$3.25}$

<u>Total</u>	<u>\$7.05</u>
--------------	---------------

This figure is rounded to the nearest dollar and entered on the worksheet as \$7.00 for service category "Psychological Services" under the expense category "Salaries to Professional Staff."

The rendering of services in a group setting is a common occurrence in most rehabilitation facilities. Categories of service such as recreational/social activities, educational services, and day care services, are those most likely to require the group computational techniques. In all instances the techniques described in example 2, above, can be applied to obtain costs of services.

2) Salaries and Wages to Supervisory Staff -- The procedures for determining the rehabilitation costs of supervisory staff must take into account the fact that certain portions of the supervisor's time are spent in production activities, and at other times he is providing direct rehabilitation services to clients. This is particularly true when the supervision relates to vocational skill training or work adjustment activities for clients. A supervisor may spend a considerable amount of time providing a client with informal training and counseling during the work week. These rehabilitation services are not immediately evident because they do not require a formal break from production operations for the client or for the supervisor. However, the cost of these rehabilitation services provided by the supervisory staff must be determined in order to maintain an accurate record of the services rendered to clients.

The procedures for determining the cost of rehabilitation services in relation to supervisory staff salaries involve several new terms and computational techniques, i.e., rehabilitation reciprocal, rehabilitation hours, supervision hours and rehabilitation multiplier.

a) Rehabilitation reciprocal -- This term refers to the percentage of activity or services which are provided to a client so that he can achieve normal production standards. There are basically two methods for determining the rehabilitation reciprocal. The first method can be employed if a determination has been made as to the client's work productivity and a wage and hour exemption based on productivity has been issued. The second method is employed when the client's

productivity has not been established. Often in these instances a client receives a financial subsidy from the sponsoring agency (state DVR, for example) which covers the period of training and/or instruction. The basis for determining the rehabilitation reciprocal under these conditions involves relating the minimum wage or the prevailing local wage rate for similar work to the hourly rate the client receives in wage payment or subsidy. If a client receives a subsidy or payment of \$.60 an hour while in training and the prevailing local wage rate is \$1.60 for similar work, the client's work productivity is 37.5% ($$.60 \div \$1.60 = 37.5\%$). Either method will provide the necessary percentage of work productivity for a client which is the basis for computing the rehabilitation reciprocal.

The rehabilitation reciprocal is obtained by subtracting the percentage of client work productivity from 100. For example, if a client's productivity is 37.5%, the rehabilitation reciprocal is 62.5% ($100 - 37.5\% = 62.5\%$). This figure represents the percentage of activity or services that must be provided to a client in order for him to reach normal productivity.

b) Rehabilitation hours -- This term refers to the number of hours during the work week that the supervisor is providing rehabilitation services to the client. Rehabilitation hours are obtained by multiplying the rehabilitation reciprocal by the number of hours during the week that the client received supervision. For example, Client A worked 40 hours during the week and received supervision for the 40-hour work week period. The rehabilitation reciprocal for Client A is 35% (.35). The number of rehabilitation hours for the work week is 14.

$$40 \text{ hours} \times .35 = 14 \text{ rehabilitation hours}$$

It is important to remember that clients may not always receive 40 hours of supervision during the week. If a client is receiving direct professional services (counseling, testing, medical treatment, etc.), the number of hours of direct service must be subtracted from the total number of hours of supervision.

c) Supervision hours -- This term refers to the total number of hours that the supervisor expends during the work week in supervision of clients. Supervision hours are determined by adding together the number of hours of supervision received by each client for a particular supervisory employee. For example, if Supervisor A has three clients under his direction and each of the three receives 40 hours of supervision during the week, the total number of supervision hours during the work week for Supervisor A is 120 (40 hours + 40 hours + 40 hours).

d) Rehabilitation multiplier -- This term refers to the figure which is obtained when the number of rehabilitation hours for a particular client is divided by the total number of supervision hours for his particular supervisor. The resultant number, the rehabilitation multiplier, is multiplied by the supervisor's weekly salary. The dollar figure obtained is placed on the worksheet as the rehabilitation cost under supervisory staff salaries in the appropriate service category. The following example illustrates how the rehabilitation multiplier is obtained and used to determine service costs.

During the work week, Client B has received 8.0 rehabilitation hours of service. His supervisor has five clients including Client B under his direction and all five clients received 40 hours of supervision during the week. Therefore, the total number of supervision hours for Client B's supervisor is 200 hours (40 hours x 5 clients = 200 supervision hours). The rehabilitation multiplier is obtained by dividing 8.0 rehabilitation hours by 200 supervision hours, or .04. This number, .04, is then multiplied by the supervisor's weekly salary which is \$150 and the resulting dollar figure (\$6.00) is entered on the worksheet in the appropriate service category under "Salaries to Supervisory Staff" as one of the rehabilitation service costs during the work week for Client B.

The following example is provided to show how various situations are dealt with in computing supervisory staff salaries in relation to individual client costs.

Example 3 -- Mr. Jones supervises four clients in the workshop for the given work week. Client A is 60% productive, Client B is 50% productive, Client C is 35% productive, and Client D is 40% productive.

STEP 1 requires that the rehabilitation reciprocal be computed for each client under the direction of Mr. Jones. The rehabilitation reciprocal for Client A is 40% ($100 - 60\% = 40\%$); for Client B, 50% ($100 - 50\% = 50\%$); for Client C, 65% ($100 - 35\% = 65\%$); and for Client D, 60% ($100 - 40\% = 60\%$).

STEP 2 involves determining the number of rehabilitation hours for each client.

Client A worked only 32 hours during the week. Therefore, Client A has received 12.8 rehabilitation hours ($.40 \times 32 \text{ hours} = 12.8 \text{ rehabilitation hours}$). Client B has worked 24 hours during the week and has received 12.0 rehabilitation hours ($.50 \times 24 \text{ hours} = 12.0 \text{ rehabilitation hours}$). Client C worked a complete 40 hour week and he received 26.0 rehabilitation hours ($.65 \times 40 \text{ hours} = 26.0 \text{ rehabilitation hours}$). Client D also worked 40 hours for a total of 24.0 rehabilitation hours ($.60 \times 40 \text{ hours} = 24.0 \text{ rehabilitation hours}$).

STEP 3 requires that the total number of supervision hours for Mr. Jones be computed. Client A was supervised for 32 hours, Client B for 24 hours, Client C for 40 hours, and Client D for 40 hours. The total number of supervision hours for Mr. Jones is 136 ($32 \text{ hours} + 24 \text{ hours} + 40 \text{ hours} + 40 \text{ hours} = 136 \text{ hours}$).

STEP 4 involves the determination of the rehabilitation multiplier for each client and then multiplying this figure by the supervisor's weekly salary to obtain the dollar cost for the clients under his supervision. Client A received 12.8 hours of rehabilitation. The rehabilitation multiplier for Client A is .094 ($12.8 \text{ rehabilitation hours} \div 136 \text{ supervision hours} = .094$). Client B received 12.0 rehabilitation hours and the rehabilitation multiplier is .088 ($12.0 \text{ rehabilitation hours} \div 136$).

supervision hours = .088). The rehabilitation multiplier for Client C is .191 (26.0 rehabilitation hours ÷ 136 supervision hours = .191), and for Client D, it is .176 (24.0 rehabilitation hours ÷ 136 supervision hours = .176).

The final step requires that the rehabilitation multiplier for each client be multiplied by Mr. Jones' weekly salary which is \$150, to obtain the costs of rehabilitation services.

Client A - $.094 \times \$150 = \$14.10$ or \$14.00

Client B - $.088 \times \$150 = \$13.20$ or \$13.00

Client C - $.191 \times \$150 = \$28.65$ or \$29.00

Client D - $.176 \times \$150 = \$26.40$ or \$26.00

(The resulting dollar figures should be rounded to the nearest dollar.)

These dollar amounts are then entered on the client's worksheet in the appropriate service category under expense category "Salaries to Supervisory Staff."

3) Wages to Clients -- Wages paid to clients for their productive efforts while receiving services (evaluation, work adjustment, training, etc.) constitute a rehabilitation cost to an agency. Vocational rehabilitation uses work as a vehicle to train and prepare clients for employment in the competitive labor market. In certain instances, a client is unable to effectively compete for employment because of his disabilities and consequently he remains within the sheltered workshop as a sheltered employee.

When a client's status changes to that of "sheltered employee," wages paid to him should not be reported as part of the rehabilitation costs since the individual is no longer receiving rehabilitation services. This individual is not a client according to the definition found in the USERS Manual for Financial Records.

Determining the amount of wages paid to a client for his productive efforts is a relatively simple matter of reviewing the payroll statements and recording the appropriate wage amount in the proper service category. It is recommended that wages to clients be accumulated on a weekly basis.

4) Professional Fees -- Determining the cost of professional fees for individual clients is based on the fee-for-service principle which is familiar to most, if not all, of the staff in the rehabilitation facility. Included in this category of expenses are the costs of fees and expenses of professional practitioners and consultants whose services are purchased by the agency for a particular client for his individual needs. If the professional is a member of the staff, rehabilitation costs are determined according to the procedures in item 1, Salaries to Professional Staff, discussed above. The following example illustrates how the cost of professional fees is determined.

Client K is in need of a complete medical examination and evaluation to determine the extent of her particular handicap. The rehabilitation facility does not employ a doctor on the staff and it is necessary to purchase this professional service on a fee basis. The fee for a complete medical examination/evaluation is \$125 and this service is purchased from a physician familiar to the rehabilitation counselor. Under the particular arrangement, the physician's fee (\$125) is sent to the rehabilitation facility for payment. This rehabilitation cost should be entered under service category "medical evaluation" in the expense category "professional fees."

5) Testing Fees -- This expense category includes the costs of tests, testing technicians, testing fees and test analyses which are purchased by the agency for a particular client. In general, these rehabilitation costs are on a fee-for-service basis much like the item described above, Professional Fees. For this particular expense category, however, the costs that are recorded must relate to

or be part of the testing process itself.

For example, if a client requires a complete psychological evaluation, the various costs related to this service often include testing technicians and test analysis, in addition to the services of a professional psychologist. If these services are purchased by the agency for a client, the costs for a complete psychological evaluation are distributed according to the nature of the expense, i.e., the category "professional fees" for the services of the psychologist who interviews the client and determines which tests are appropriate and the expense category "testing fees" for the services of technicians who administer and analyze the psychological tests.

In the event the agency employs a psychologist and/or testing technicians on the staff, determination of the rehabilitation costs follow the procedures outlined in item 1, above, Salaries to Professional Staff.

6) Other expenses -- This category, which may also be termed miscellaneous expenses, includes all other costs that cannot be appropriately placed in one of the five preceding expense categories. Expense items for a particular client, such as food, clothing, medicine, prosthetic appliances, equipment, housing, transportation, wage supplements, and materials should be recorded under this particular expense category for the appropriate category of services.

C. DETERMINATION OF UNITS OF SERVICE

The basis for computing the units of service is the number of hours of service provided to the client. In most instances, the process of computing service costs for salaries and wages to professional and supervisory staff will also provide the number of hours of service received by the client. Services for which costs are recorded under expense categories "wages to clients," "professional fees," and "testing fees" also require that units be determined on the number of hours received by the client. In the case of wages to clients, the number of hours of work for which wages are paid is the number of units recorded. Professional fees and testing

fees are treated similarly in that the number of hours of testing and consultation equal the number of units recorded.

One hour of service is equivalent to one unit of service, with increments of three quarter hours, one half hour, and one quarter hour equal to three quarter units, one half unit, and one quarter unit, respectively. Fractions of units can be reported on the form as decimals or as fractions, i.e., .75 or 3/4, .50 or 1/2, and .25 or 1/4.

Certain types of services such as medication, food, clothing, prosthetic appliances, transportation, etc., do not require recording units of service since they do not involve hours of service. These services which do not require computation of units are indicated on the worksheet and in the Client Record System manual. Costs associated with these services are recorded under expense category "other expenses" on the worksheet.

APPENDIX III

CRS DATA PROCESSING DOCUMENTATION

CLIENT RECORD SYSTEM

KEYPUNCH INSTRUCTIONS

The Client Record System data can be punched from two different form types. Form Type 1 is known as the long version which includes Client Record Form 721RX and 721R. Form Type 2 is known as the short version. The common features found in both versions are the card code, update code, and the case number. The unique features between the two versions are as follows:

Card Code:

Long version = A to M only (corresponding to Forms 721RX and 721R)

Short version = X only

Update Code:

Long version = A, C or D only

Short version = C or D only

Block Number

Long version = Block numbers are pre-printed on the forms, but are not punched on the cards. The block number identifies which card columns to punch the data in.

Short version = Block number(s) are punched on each card. If it is an Update Code of "C", only one block number per card followed by the data. If it is an Update Code of "D", from one to twenty-two block numbers per card.

The following is a detailed description of the long version by card code:

Client Record System - Key punch Instructions

Block Number	Field Name	Card Col.	Data Format
*	- Card Code	1	A
*	- Update Code	2	A/C/D
* 102	- Case Number	3-12	Numeric
A 101	- Social Security No.	13-21	Numeric
103	- Action Code	22	1/2
104	- Current Status	23-24	Numeric
100	- Effective Date	25-30	MM/DD/YY
A 106	- Referral Source	31-32	01 to 19
105	- Referral Date	33-38	MM/DD/YY
A 108	- Last Name	39-54	Alpha
A 109	- First Name	55-61	Alpha
A 110	- Middle Initial	62	Alpha
A 107	- Primary Sponsor	63-64	0 to 9
116	- Previous or Maiden Name	65-80	Alpha
*	- Card Code	1	B
*	- Update Code	2	A/C/D
* 102	- Case Number	3-12	Numeric
A 111	- Street Address	13-32	Alpha/Numeric
A 112	- City	33-49	Alpha
A 113	- State Code	50-51	See attached sheet for code
A 114	- Zip Code	52-56	Numeric
115	- Phone Number	57-66	Numeric

Client Record System - Key punch Instructions

Block Number	Field Name	Card Col.	Data Format
*	- Card Code	1	C
*	- Update Code	2	A/C/D
* 102	- Case Number	3-12	Numeric
A 117	- Date of Birth	13-18	MM/DD/YY
A 118	- Sex	19	F/M
119	- Marital Status	20	1 to 5
120	- No. of Dependents	21-22	Numeric
121	- Total in Family	23-24	Numeric
122	- Regular Education	25-26	01 to 12 or XX
123	- Vocational Education	27-28	00 to 12
124	- Weekly Earnings	29-31	000 to 999
125	- Family Income	32-35	0000 to 9999
126	- Source of Support	36	1 to 9
127	- Work Status	37	1 to 9 or Y
128	- Spanish Surname	38	YN
129	- Race	39	1-4
130	- Public Assistance Type	40-41	0-8
131	- Public Assistance Monthly Amount	42-44	Numeric
132	- Public Assistance - Time	45	0-7, Y
133	- Federal Program AFR	46	Blank or X
134	- Federal Program MMS	47	Blank or X
135	- Federal Program MAW	48	Blank or X
136	- Federal Program PO	49	Blank or X

Client Record System - Key punch Instructions

Block Number	Field Name	Card Col.	Data Format
137	- Federal Program WIN	50	Blank or X
138	- Age at Onset	51-52	Numeric
*	- Card Code	1	D
*	- Update Code	2	A/C/D
* 102	- Case Number	3-12	Numeric
139	- SSDI Status	13	1-5
140	- Previous Closure - IND	14	Y/N/X
141	- Previous Closure - STATUS	15-16	08,26,28 or 30
142	- Previous Closure - DATE	17-20	MM/YY
A 143	- Disability as Reported	21-37	Alpha
144	- Disability Code	38-40	See attached sheet for code
145	- Referral Outcome Not Accepted - Reason	41-42	01-19
146	- Referral Outcome Not Accepted - Referred to	43-44	See attached sheet for code
147	- Referral Outcome Not Accepted - Date	45-50	MM/DD/YY
148	- Accepted for Extended Evaluation	51	X or Blank
149	- Accepted for Rehabilitation Service	52	X or Blank
150	- Cost to Agency	53-55	Numeric

Client Record System - Key punch Instructions

Block Number - Field Name		- Card Col.	- Data Format
*	- Card Code	- 1	- E
*	- Update Code	- 2	- A/C/D
* 102	- Case Number	- 3-12	- Numeric
151	- Primary Disability	- 13-29	- Alpha
152	- Primary Disability Code	- 30-32	- See attached sheet for code
153	- Secondary Disability	- 33-49	- Alpha
154	- Secondary Disability Code	- 50-52	- See attached sheet for code
156	- Vocational Objective	- 53-71	- Alpha
157	- D.O.T. Code	- 72-75	- See attached sheet for code
155	- Multiple Disabilities	- 76	- Numeric
*	- Card Code	- 1	- F
*	- Update Code	- 2	- A/C/D
* 102	- Case Number	- 3-12	- Numeric
158	- Psychological Evaluation - Cost	- 13-16	- Numeric
159	- Psych. Eval. - Unit	- 17-19	- Numeric
160	- Psych. Eval. - Indicator	- 20	- 1-5
161	- Medical Eval. - Cost	- 21-24	- Numeric
162	- Medical Eval. - Unit	- 25-27	- Numeric
163	- Med. Eval. - Indicator	- 28	- 1-5

Client Record System - Key punch Instructions

Block Number	Field Name	Card Col.	Data Format
164	- Vocational Evaluation - Cost	29-32	- Numeric
165	- Vocational Evaluation - Unit	33-35	- 1-5
166	- Vocational Eval. - Indicator	36	- Numeric
167	- Other Evaluation - Cost	37-40	- Numeric
168	- Other Evaluation - Unit	41-43	- Numeric
169	- Other Eval. - Indicator	44	- 1-5
170	- Physical Evaluation - Cost	45-48	- Numeric
171	- Physical Evaluation - Unit	49-51	- Numeric
172	- Physical Eval. - Indicator	52	- 1-5
173	- Occupational Evaluation - Cost	53-56	- Numeric
174	- Occupational Evaluation - Unit	57-59	- Numeric
175	- Occupational Eval. - Indicator	60	- 1-5
176	- Speech & Hearing - Cost	61-64	- Numeric
177	- Speech & Hearing - Unit	65-67	- Numeric
178	- Speech & Hearing - Indicator	68	- 1-5
179	- Medical Services - Cost	69-72	- Numeric
180	- Medical Services - Unit	73-75	- Numeric
181	- Medical Services - Indicator	76	- 1-5
*	- Card Code	1	- G
*	- Update Code	2	- A/C/D
* 102	- Case Number	3-12	- Numeric
182	- Psychological Services - Cost	13-16	- Numeric
183	- Psych. Services - Unit	17-19	- Numeric
184	- Psych. Services - Indicator	20	- 1-5

Client Record System - Key punch Instructions

Block Number	Field Name	Card Col.	Data Format
185	- Nursing Services - Cost	21-24	Numeric
186	- Nursing Services - Unit	25-27	Numeric
187	- Nursing Services - Indicator	28	1-5
188	- Dental Services - Cost	29-32	Numeric
189	- Dental Services - Unit	33-35	Numeric
190	- Dental Services - Indicator	36	1-5
191	- Social Services - Cost	37-40	Numeric
192	- Social Services - Unit	41-43	Numeric
193	- Social Services - Indicator	44	1-5
194	- Medication - Cost	45-48	Numeric
195	- Medication - Indicator	49	1-5
196	- Prosthetic Appliances - Cost	50-53	Numeric
197	- Prosthetic Appliances - Indicator	54	1-5
198	- Work Adjustment - Cost	55-58	Numeric
199	- Work Adjustment - Unit	59-61	Numeric
200	- Work Adjustment - Indicator	62	1-5
201	- Vocational Skill Training - Cost	63-66	Numeric
202	- Voc. Skill Trng. - Unit	67-69	Numeric
203	- Voc. Skill Trng. - Indicator	70	1-5
204	- College/University - Cost	71-74	Numeric
205	- College/University - Unit	75-77	Numeric
206	- College/Univ. - Indicator	78	1-5

Client Record System - Key punch Instructions

Block Number	Field Name	Card Col.	Data Format
*	- Card Code	1	H
*	- Update Code	2	A/C/D
* 102	- Case Number	3-12	Numeric
207	- Business School/College - Cost	13-16	Numeric
208	- Bus. School/College - Unit	17-19	Numeric
209	- Bus. School/Coll. - Indicator	20	1-5
210	- Vocational School - Cost	21-24	Numeric
211	- Vocational School - Unit	25-27	Numeric
212	- Vocational School - Indicator	28	1-5
213	- Miscellaneous Training - Cost	29-32	Numeric
214	- Misc. Training - Unit	33-35	Numeric
215	- Misc. Training - Indicator	36	1-5
216	- Housing - Cost	37-40	Numeric
217	- Housing - Indicator	41	1-5
218	- Food - Cost	42-45	Numeric
219	- Food - Indicator	46	1-5
220	- Transportation - Cost	47-50	Numeric
221	- Transportation - Indicator	51	1-5
222	- Clothing - Cost	52-55	Numeric
223	- Clothing - Indicator	56	1-5
224	- Wage Supplements - Cost	57-60	Numeric
225	- Wage Supplements - Indicator	61	1-5
226	- Materials - Cost	62-65	Numeric
227	- Materials - Indicator	66	1-5

Client Record System - Key punch Instructions

Block Number	Field Name	Card Col.	Data Format
228	- Placement Services - Cost	- 67-70	- Numeric
229	- Placement Services - Unit	- 71-73	- Numeric
230	- Placement Svcs. - Indicator	- 74	- 1-5
*	- Card Code	- 1	- I
*	- Update	- 2	- A/C/D
* 102	- Case Number	- 3-12	- Numeric
231	- Recre/Social Activities - Cost	- 13-16	- Numeric
232	- Recre/Social Activities - Unit	- 17-19	- Numeric
233	- Recre/Social Act. - Indicator	- 20	- 1-5
234	- Homemaker Services - Cost	- 21-24	- Numeric
235	- Homemaker Services - Unit	- 25-27	- Numeric
236	- Homemaker Svcs. - Indicator	- 28	- 1-5
237	- Day Care Services - Cost	- 29-32	- Numeric
238	- Day Care Services - Unit	- 33-35	- Numeric
239	- Day Care Svcs. - Indicator	- 36	- 1-5
240	- Work Activities Svcs. - Cost	- 37-40	- Numeric
241	- Work Activities Svcs. - Unit	- 41-43	- Numeric
242	- Work Act. Svcs. - Indicator	- 44	- 1-5
243	- Educational Services - Cost	- 45-48	- Numeric
244	- Educational Services - Unit	- 49-51	- Numeric
245	- Educational Svcs. - Indicator	- 52	- 1-5
246	- Other Services - Cost	- 53-56	- Numeric
247	- Other Services - Unit	- 57-59	- Numeri
248	- Other Services - Indicator	- 60	- 1-5

Client Record System - Key punch Instructions

Block Number	Field Name	Card Col.	Data Format
249	- Total Cost of Services	- 61-67	- Numeric
250	- Amount Reimbursed	- 68-74	- Numeric
*	- Card Code	- 1	- J
*	- Update Code	- 2	- A/C/D
* 102	- Case Number	- 3-12	- Numeric
251	- Closure Status	- 13-14	- See attached sheet for code
252	- Reason for Closure	- 15-16	- 01-19
253	- Work Status	- 17	- 1-9 or Y
254	- Weekly Earnings	- 18-20	- Numeric
255	- Public Assistance - Type	- 21-22	- 0-8
256	- Public Assistance - Amount	- 23-25	- Numeric
257	- Public Assistance - Date	- 26-29	- MM/YY
258	- SSDI Status	- 30	- 1-5
259	- Occupation	- 31-47	- Alpha
260	- D.O.T. Code	- 48-51	- See attached sheet for code
*	- Card Code	- 1	- K
*	- Update Code	- 2	- A/C/D
* 102	- Case Number	- 3-12	- Numeric
261	- Company	- 13-27	- Alpha
262	- Street Address	- 28-45	- Alpha/Numeric
263	- City	- 46-60	- Alpha
264	- State Code	- 61-62	- Alpha

Client Record System - Key punch Instructions

Block Number	Field Name	Card Col.	Data Format
*	- Card Code	1	L
*	- Update Code	2	A/C/D
* 102	- Case Number	3-12	Numeric
265	- Status	13-14	See attached sheet for code
266	- Date	15-20	MM/DD/YY
267	- Status	21-22	See attached sheet for code
268	- Date	23-28	MM/DD/YY
269	- Status	29-30	See attached sheet for code
270	- Date	31-36	MM/DD/YY
271	- Status	37-38	See attached sheet for code
272	- Date	39-44	MM/DD/YY
273	- Status	45-46	See attached sheet for code
274	- Date	47-52	MM/DD/YY
275	- Status	53-54	See attached sheet for code
276	- Date	55-60	MM/DD/YY
277	- Status	61-62	See attached sheet for code
278	- Date	63-68	MM/DL/YY
*	- Card Code	1	M
*	- Update Code	2	A/C/D
* 102	- Case Number	3-12	Numeric
279	- Status	13-14	See attached sheet for code

Client Record System - Key punch Instructions

Block Number	Field Name	Card Col.	Data Format
280	- Date	- 15-20	- MM/DD/YY
281	- Status	- 21-22	- See attached sheet for code
282	- Date	- 23-28	- MM/DD/YY
283	- Status	- 29-30	- See attached sheet for code
284	- Date	- 31-36	- MM/DD/YY
285	- Status	- 37-38	- See attached sheet for code
286	- Date	- 39-44	- MM/DD/YY
287	- Status	- 45-46	- See attached sheet for code
288	- Date	- 47-52	- MM/DD/YY
289	- Status	- 53-54	- See attached sheet for code
290	- Date	- 55-60	- MM/DD/YY
291	- Status	- 61-62	- See attached sheet for code
292	- Date	- 63-68	- MM/DD/YY

Client Record System - Key punch Instructions

The following is a detailed description of the short version card layout:

Block Number	Field Name	Card Col.	Date Format
*	- Card Code	1	X
*	- Update Code	2	C
*	- Case Number	3-12	Numeric
*	- Block Number	13-15	100-292 (not 102)
*	- Data	16-35	Alpha/Numeric
*	- Card Code	1	X
*	- Update	2	D
*	- Case Number	3-12	Numeric
*	- "ALL" or First Block No.	13-15	"ALL" or 100-292 (not 102)
	- Block Number	16-18	Numeric (100-292)
	- " "	19-21	" " "
	- " "	22-24	" " "
	- " "	25-27	" " "
	- " "	28-30	" " "
	- " "	31-33	" " "
	- " "	34-36	" " "
	- " "	37-39	" " "
	- " "	40-42	" " "
	- " "	43-45	" " "
	- " "	46-48	" " "
	- " "	49-51	" " "
	- " "	52-54	" " "

Client Record System - Key punch Instructions

(Short version card layout - continued)

Block Number - Field Name		- Card Col.	- Date Format
- Block Number		- 55-57	- Numeric (100-292)
- " "		- 58-60	- " " "
- " "		- 61-63	- " " "
- " "		- 64-66	- " " "
- " "		- 67-69	- " " "
- " "		- 70-72	- " " "
- " "		- 73-75	- " " "
- " "		- 76-78	- " " "

MULTIPLE-CARD LAYOUT FORM

Company

Application

Client Record System

by

Date

Job No.

Sheet No.

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INTERNATIONAL BUSINESS MACHINES CORPORATION

GX24-6599-0

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MULTIPLE-CARD LAYOUT FORM

Company

Application Client Record System

by

Date

Job No.

Sheet No.

CASE NUMBER 102	Bkth. SERV. COST UNIT 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200	Nursing SERV. COST UNIT 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200	DENTAL SERV. COST UNIT 188 189 190 191 192 193 194 195 196 197 198 199 200	MEDICAL- PHYS. COST UNIT 194 195 196 197 198 199 200	APPL. COST UNIT 196 197 198 199 200	MARK ADJUST. COST UNIT 198 199 200	WAGE COST UNIT 198 199 200	CLOTHING SUPP. COST UNIT 198 199 200	TRAVEL COST UNIT 198 199 200	FOOD COST UNIT 198 199 200	MISC. TRAVELING COST UNIT 198 199 200	SPECIAL SERV. COST UNIT 198 199 200	WHEEL TRNG COST UNIT 198 199 200	COLL/UNIT COST UNIT 198 199 200	BLANK						
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MULTIPLE-CARD LAYOUT FORM

Application Client Record System by _____

Client Record System

by

Date _____

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Sheet No.

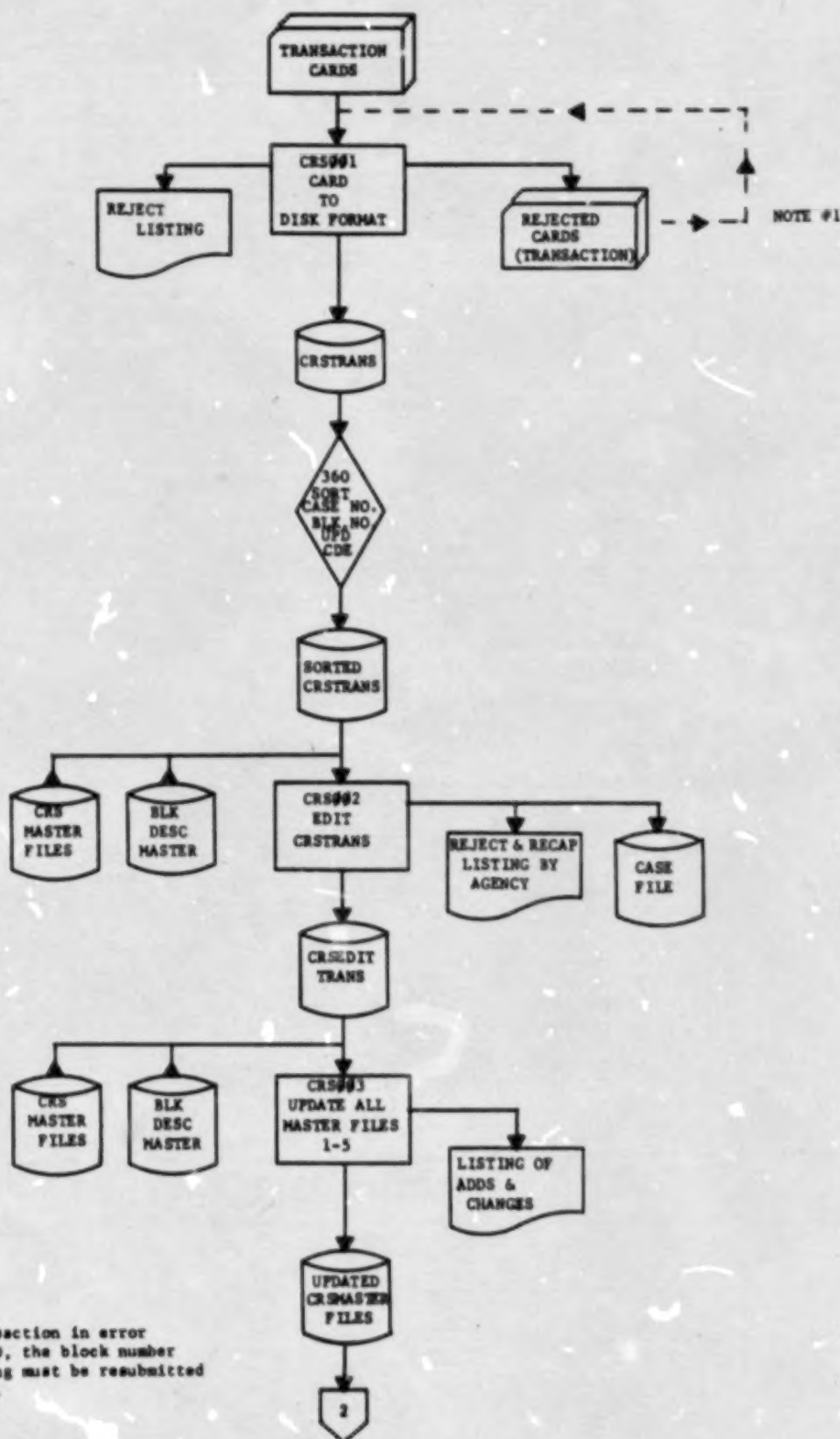
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Application CLIENT RECORD SYSTEM

Date Page 1 of 2

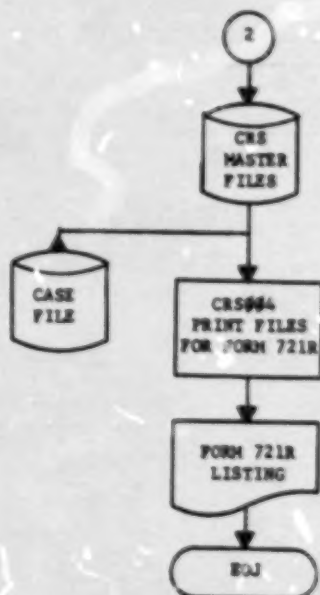
Procedure SYSTEM FLOW

Drawn By

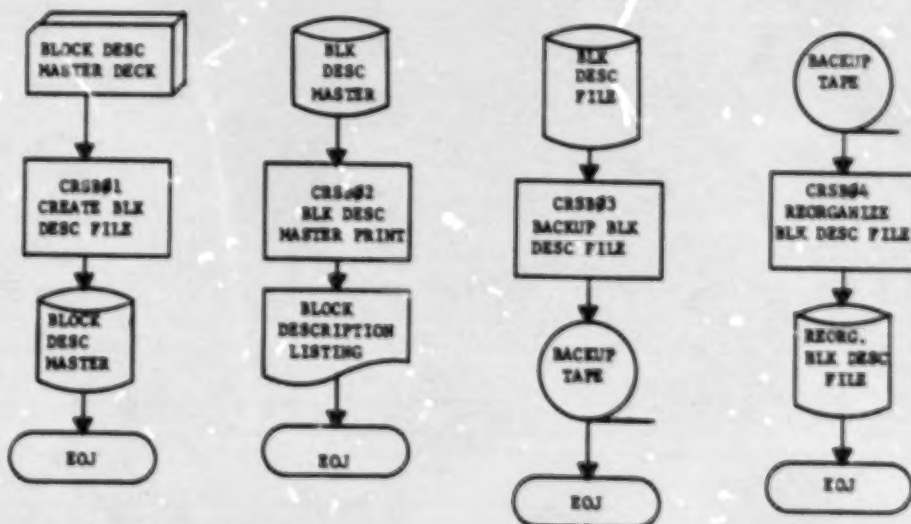


NOTES:

1. If the Transaction in error is in an ADD, the block number that is wrong must be resubmitted as a change.



MAINTENANCE AND STAND-ALONE PROGRAMS

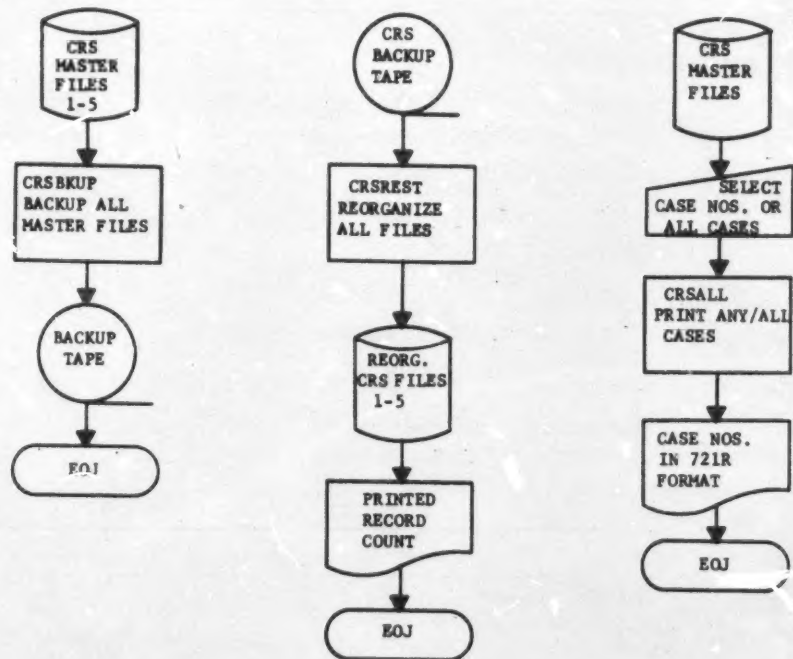


Application CLIENT RECORD SYSTEM

Date Page 3 of 3

Procedure SYSTEM FLOW

Drawn By



USERS SYSTEM

CLIENT RECORD SYSTEM

PROGRAM NAME: CARD TO DISK REFORMAT

PROGRAM ID: CRS001

DESCRIPTION: This program reads the Client Record System data cards and creates a disk record for each block of information. Each disk record contains case number, update code, block number and data. Tables are used for card codes A thru M which contain the block number and field length for each data field. All blank data fields are dropped except for deletion records. Checks are done for numeric case number, valid card codes, and valid update code. Invalid records are listed and dropped.

INPUT: CRS - CARDS

OUTPUT: CRSTRAN (DISK)
RECAP & REJECT LISTING

USERS SYSTEM
CLIENT RECORD SYSTEM

PROGRAM NAME: PRE-EDIT SOR

PROGRAM ID: SORT

DESCRIPTION: IBM UTILITY SORT/MERGE

SEQUENCE

CASE NUMBER (1-10)

BLOCK NUMBER (12-14)

UPDATE CODE (11)

INPUT: CRSTRAN (DISK)

OUTPUT: CRSTRAN (DISK)

USERS SYSTEM

CLIENT RECORD SYSTEM

PROGRAM NAME: EDIT - CRS

PROGRAM ID: CRS002

DESCRIPTION: This program reads each transaction and edits it against the block description master's audit specifications. Found for each block code. If the data is found in error, it is listed on the printer and dropped from the file. Totals are printed for each agency by transaction type (add, change, delete).

INPUT: CRSSFLE, CRSDEMO, CRSCREF, CRSCOST, CRSSTAT (DISKS)

OUTPUT: CRSEDIT (DISK)
REJECT & RECAP LISTING
CASE FILE

USERS SYSTEM

CLIENT RECORD SYSTEM

PROGRAM NAME: Update All CRS Files

PROGRAM ID: CRS003

DESCRIPTION: This program reads the CRSEDIT file and adds, changes or deletes the record according to the update code. It will replace the existing record with the new or changed one.

INPUT: CRSSFLE, CRSDEMO, CRSCREF, CRSCOST, CRSSTAT, CRSEDIT

OUTPUT: CRSSFLE, CRSDEMO, CRSCREF, CRSCOST, CRSSTAT

OPTIONS: None

NOTE: Only twenty-four (24) case numbers can be added in a single execution.

USERS SYSTEM

CLIENT RECORD SYSTEM

PROGRAM NAME: PRINT TURNAROUND DOCUMENTS

PROGRAM ID: CRS004

DESCRIPTION: This program reads the disk file created by the edit program which contains the current list of case numbers and prints this turnaround report getting the information from the master files.

INPUT: CASEFL, CRSDEMO, CRSCREF, CRSCOST, CRSSTAT

OUTPUT: TURNAROUND REPORT (721R)

USERS SYSTEM

CLIENT RECORD SYSTEM

PROGRAM NAME: BACKUP CLIENT RECORD MASTER FILES

PROGRAM ID: CRSBKUP

DESCRIPTION: Backup the Search, Demographic, cross reference,
cost, and status files to tape.

INPUT: CRSSFLE, CRSDEMO, CRSCREF, CRSCOST, CRSSTAT

OUTPUT: Backed up files tape

OPTIONS: None

USERS SYSTEM

CLIENT RECORD SYSTEM

PROGRAM NAME: RESTORE CRS MASTER FILES TO DISK

PROGRAM ID: CRSREST

DESCRIPTION: Reorganize the Search, Demographic, cross reference, cost, and status files from tape.

INPUT: Backup tape from output of CRSBKUP

OUTPUT: Reorganized CRSSFLE, CRSDEMO, CRSCREF, CRSCOST, and CRSSTAT

OPTIONS: None

USERS SYSTEM

CLIENT RECORD SYSTEM

PROGRAM NAME: LOAD BLOCK DESCRIPTION MASTER

PROGRAM ID: CRSB01

DESCRIPTION: This program creates the block description master file via a card deck. This deck contains all the field definitions of the 721R and X forms. Every time the block description file is created, a listing of the file will print.

INPUT: CRS Block Description card deck.

OUTPUT: BLKMST

OPTIONS: None

USERS SYSTEM

CLIENT RECORD SYSTEM

PROGRAM NAME: Print Block Description File

PROGRAM ID: CRSB02

DESCRIPTION: This program prints the Block Description File in the same format as the Create.

INPUT: Block Description File

OUTPUT: Listing of the Block Description File

OPTIONS: None

USERS SYSTEM

CLIENT RECORD SYSTEM

PROGRAM NAME: BLOCK DESCRIPTION MASTER BACKUP

PROGRAM ID: CRSB03

DESCRIPTION: Create a backup to the Block Description Master File

INPUT: BLKMST

OUTPUT: BLKMST BACKUP TAPE

OPTIONS: None

USERS SYSTEM

CLIENT RECORD SYSTEM

PROGRAM NAME: BLOCK DESCRIPTION MASTER RESTORE

PROGRAM ID: CRSB04

DESCRIPTION: Reorganize the Block Description Master File via
backup tape from CRSB03

INPUT: Block Description Master backup tape

OUTPUT: Reorganized BLKMST

OPTIONS: None

USERS SYSTEM

CLIENT RECORD SYSTEM

LIST OF SPECIAL CHECKS IN EDIT -- CRS

1. Case No. for "A" updates should be unique.
2. Case No. for "C" or "D" updates should be on file.
3. Blocks 148 and 149 update the same field.

USERS SYSTEM

CLIENT RECORD SYSTEM

RULES FOR USING THE UPDATE CODES OF A, C, OR D

Update Code

- A
 - = Case number can not be on file
 - = Active Code should be one
 - = Long version only (card code A to M)

- C
 - = Code number must be on file
 - = Active code should be two
 - = Short (card code X) or long version (card code A to M)
 - = Long version with a block field left blank will not move blank to field; short version left blank will not clear a field.

- D
 - = Case number must be on file
 - = Active code should be two
 - = Short (card code X) or long version (card code A to M)
 - = To delete entire case number off on file; code "ALL" in block number field of a short version card.
 - = To delete fields from a case number, list block numbers.

Possible to submit an A record that rejects a field(s) on first edit, to add a change and/or delete card without changes, the add card for second edit -- second edit will process the change or delete and injure the A card.

RULE

FLD BLANK FOR UPDATE CODE OF A OR C RECORD DROPPED

DELETIONS

Delete ALL -- Put a "D" in first position following the key for all the files, DEMO, CREF, SEARCH, COST than STATUS. When reading the CREF FILE, save the Social Security No. to build the key for the SEARCH file.

CHANGING A SOCIAL SECURITY NO. -- On CREF and SEARCH, read the CREF file first, save the old Social Security No. to build the key for the SEARCH file, move in the new Social Security No. Write the CREF file rec back to disk. Read the old Social Security SEARCH file record, move 14 "D" in following key, write back. Write the new SEARCH file rec with new Social Security No.